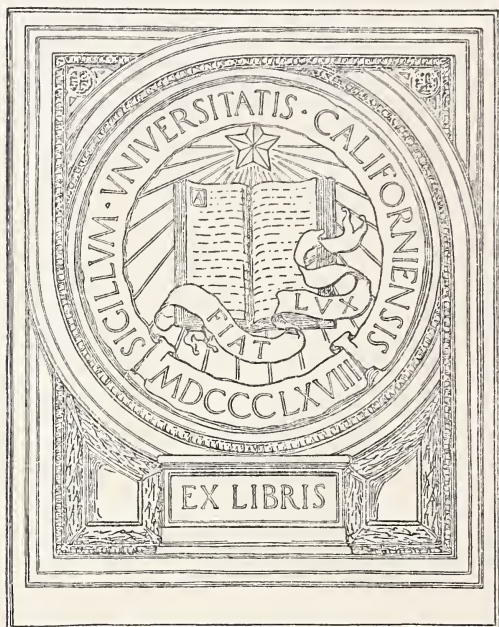


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Articles are, in many instances, listed in this index under more than one head. All Original Articles are listed under the heading "Original Articles" and each is also designated thus—(O)—after the author's name. Clinical Reports, Marriages, Deaths, Medico-Legal, Therapeutic Notes, Special War Items and Public Health Items will be found under those respective headings. Reports of County Societies and local organizations, as well as those of State and National, will be found under Societies. "Abstracts from Medical Journals," Editorials in our Journal," Editorials from Other Medical Journals," "Editorials from the Lay Press" will be found under those respective headings. The abbreviations are as follows: (O), Original Articles; (C), Correspondence; (C. R.), Clinical Reports.

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PROTECTIVE INOCULATION BY THE USE OF VACCINES AND SERA.*

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From the E. R. Squibb & Sons Research and
Biological Laboratories, New Brunswick.

The gradual reduction in morbidity and mortality as shown by State and Federal Health Reports during the past few years is due to many factors. Among these might be mentioned better sanitary conditions, higher medical standards, better knowledge in controlling contagious and epidemic diseases, better educated laity, better organized Health Boards in State, city and county, and a better enforcement of the regulations regarding quarantine, vaccination and other health ordinances.

In the short time that I have, I shall undertake to discuss briefly only the last, but not the least, namely, the protective use of vaccines and sera.

After an epidemic of smallpox, measles, scarlet fever, or poliomyelitis has existed in a community for a while, we have noticed that it gradually dies out. The cause is due probably to one of two factors or both, the causative agent has become less virulent, or the people in the community have become less susceptible. Many persons have no doubt had such mild attacks that they were not even diagnosed, but sufficient to make them immune from further attacks. Something has been produced in the tissues of the body which we call antibodies. The nature of the antibody is quite different according as the causative organism differs. For example, when the tetanus or the diphtheria bacilli enter the body, they produce

a true or extra-cellular toxin. Therefore, the antibodies which are produced against either of these organisms act as a chemical substance in their conductivity. On the other hand, in diseases such as typhoid or cholera, the toxin produced is an intracellular or endo-toxin, which is much more complex. The toxin is liberated when there is autolysis of the bacteria. The antibodies which are formed against organisms of this type are much more complex. Instead of a simple antitoxin, there are formed bacteriolysins, agglutinins, opsonins and precipitins. After many diseases, such as smallpox, typhoid, scarlet fever and poliomyelitis, the antibodies remain active a lifetime.

The problem of vaccination is to stimulate antibodies against a particular disease without producing the disease itself. This has been accomplished in certain diseases, and the list is gradually growing. Vaccination has become one of the first aids to sanitation in the prevention of disease.

Smallpox or variola is a virulent infectious disease which has taken its toll down the centuries. No class, age, or race is exempt, and it still remains endemic in most uncivilized countries. In countries where rigid enforcement of vaccination has been established, smallpox has been practically eradicated. In other countries, where the enforcement of laws is more lax, we have sporadic cases and epidemics occurring. Unfortunately, we do not know the etiology of smallpox, but whatever the causative agent, we know that the disease is very easily spread. From the fact that the disease is often contracted without knowledge of having come in contact with a patient, it is often spoken of as an air-borne disease. The only means we have of controlling the disease is by vaccination. That smallpox can be prevented and completely stamped out of a community by vaccination is no

*Read at the 42nd annual meeting of the New Jersey Sanitary Association, Lakewood, December 8, 1916.

longer a question. Why there should be so much opposition to vaccination by persons apparently intelligent on other matters is a paradox that scientific men cannot understand. In view of the fact that there have been statistics from the time of Jenner down to the present time showing the complete control of smallpox by vaccination, there is really no excuse for having this disease in our land. Sweden and Germany have compulsory vaccination, and smallpox is a rare disease, while in Austria during the past 30 years 239,800 have died from smallpox, or 30 times as many as in Germany. We therefore need in this country more stringent laws on compulsory vaccination, and health officers who will see that the laws are executed.

Another disease which might be mentioned briefly in this connection is hydrophobia or rabies. Hydrophobia is a very dread disease, not because it affects so many people, but because of the horribleness of the disease, and because there is no known remedy after the disease has once developed. In the Eastern States we hear of sporadic cases of hydrophobia in dogs, but in the West it is getting to be so widespread, and is assuming such alarming proportions in coyotes, wolves, and mountain lions, that the Public Health Service called a special meeting of the health officers of all the Western States to discuss plans for combatting this menace, and Congress made an appropriation of \$200,000 to carry out their measures.

Hydrophobia in man can be controlled in a large measure by the Pasteur treatment. The treatment originated by Pasteur in Pasteur Institute, 1880, with only slight modifications, is used with success to-day in almost all parts of the world. The treatment, which is entirely prophylactic, consists in immunizing the individual who has been exposed to the disease, with increasing doses of attenuated virus. Without the Pasteur treatment, the mortality from persons bitten by rabid animals is about 16 per cent., while the mortality from treated persons is only .46 per cent., or, in other words, the Pasteur treatment reduces the danger from hydrophobia about 35 times. No person who has been bitten by an animal suspected of rabies wants to take a chance without the treatment. Until recently, it was necessary to go to the Pasteur Laboratories for treatment, which was quite a little trouble and expense, but now the treatment can be mailed direct to the

physician or health officers and be given in the home.

With smallpox and rabies, we have been dealing with infectious diseases of obscure etiology. In the next class of diseases, the etiology has been definitely established, namely, typhoid fever, Asiatic cholera and bubonic plague. When killed cultures of bacteria are injected into a person or animal, specific antibodies are formed against the particular class of organisms, much the same as when one has recovered from the disease. Vaccination against smallpox will not protect you against measles or scarlet fever, neither will vaccination against typhoid protect you against Asiatic cholera or para-typhoid. Bacterial vaccines are now playing an important role, along with improved sanitation, in the control of these diseases.

Vaccination against typhoid fever was begun in 1896 when Peiffer and Kolle immunized two volunteers with dead typhoid bacilli. At about the same time Wright successfully immunized 19 persons with heat-killed cultures. Vaccination against typhoid was begun in the United States by Major Russell of the United States Army in 1908. The results of these first inoculations were so striking that it was soon made compulsory in the army. The argument has been raised that the sanitary conditions of the army camps have been greatly improved since the Spanish-American War. This is quite true, and that factor might have caused a gradual reduction of typhoid in the army, but it would never cause the sudden drop which occurred incident with the use of typhoid vaccine. This is conclusively shown by a recent report of Lieutenant-Colonel Chamberlain of the United States Army: "From May 1, 1916, to October 18, 1916, there have been 24 cases of typhoid fever; with no mortality, among the 170,000 troops which have served in the border camps throughout the Southern Department and in Mexico. In 1898, among 147,795 regular and volunteer troops there were 20,926 cases of typhoid; with 2,192 deaths, in about eight months. Most of the cases were contracted within the United States. The phenomenal improvement which has characterized the present mobilization, as compared with the mobilizations of 1898, 1899 and 1900 may be attributed in part to betterment of general sanitary conditions, but much more largely to a specific measure, namely, the compulsory administration of anti-typhoid vaccine. This is evidenced by the fact that, although ty-

phoid is endemic in this section, there have been but 24 cases of this disease among the troops, while there have been very much greater numbers of paratyphoid and dysentery infections, both of which are preventable by the same general sanitary precautions that are efficacious in limiting the spread of typhoid. It is the specific sanitary procedure—anti-typhoid inoculation—which has safeguarded the troops from the ravages of typhoid fever.”

Typhoid vaccine, prophylactic, is administered in three doses at weekly or ten-day intervals. After the second dose, antibodies can be demonstrated in the blood serum. The immune bodies present are agglutinating, bactericidal and bacteriolytic substances, and to a lesser extent opsonic and precipitating substances. Immunity against typhoid fever by persons who have received the typhoid vaccine is not absolute as is shown by the fact that a very few cases of typhoid develop in vaccinated persons. It is usually of a much milder type and the mortality is greatly reduced. It has been found that many of the vaccinated persons who have developed what at first was thought to be typhoid, on closer examination turned out to be para-typhoid. A number of the troops on the Mexican border, who had been vaccinated against typhoid, have developed para-typhoid fever. The two diseases are so similar in their clinical manifestations that a differential diagnosis can be made only in the laboratory. It seems reasonable, due to the similarity of the two diseases, that where persons have been reported to have had two attacks of typhoid, or where typhoid has followed vaccination against typhoid, some of the cases were para-typhoid. In order to protect against para-typhoid, as well as typhoid fever, some now advocate giving a vaccine containing the organisms of both typhoid and para-typhoid. They may be given separately or they may be combined and given at the same time. The typhoid morbidity rate in the whole United States Army has been reduced from 3.2 per 1,000 in 1908 to .03 in 1913.

Similar results have been obtained in the English Army as well as in France, Germany and Russia. In institutions according to Hatchel and Stoner, the typhoid morbidity rate among physicians, nurses and students has been reduced by the use of vaccine 87.7 times, and in the State of Maryland in general the reduction has been from 33.3 per 10,000 among those not treated to 6.75 among those treated. During an epidemic

of typhoid fever in an asylum, Cullinan vaccinated 500, and only 1.36 per cent. of them contracted typhoid and most of these were in the incubation period. Of the unvaccinated, 14.9 per cent. contracted typhoid. The use of vaccine during an epidemic is especially recommended.

In North Carolina, typhoid vaccination has probably been more general than in any other State. The State Board of Health furnishes free vaccine on application. In 12 counties during the summer of 1915, the local health officers held free clinics at a number of points in each county. At these clinics 13 per cent. of the entire population or about 52,000 people received the three injections of typhoid vaccine. During the summer of 1916, 9 additional counties had similar campaigns and 18.5 per cent. of the population, or 48,000 persons, took the three treatments. Six months after, a questionnaire was sent to every physician in the State. Out of 1,099 physicians, 874 sent in a reply that they had not treated a case of typhoid in a person following vaccination three times. It is too early to get definite statistics on the good that has been accomplished, but already the death rate from typhoid in these counties has been lowered about 30 per cent. In one strictly rural county, having a total population of 25,000, —60 per cent. negro—38 per cent. of the people were vaccinated. Last year there were only three deaths from typhoid in the entire county and this year, to September 1, only one.

All infectious diseases increase or decrease in a geometrical ratio, so by making typhoid vaccination general, the foci of infection will be rapidly reduced and, with the aid of improved sanitation, education and other factors, typhoid fever should soon be under complete control.

Typhoid vaccine, curative, has a more limited use. In a number of instances it has been used with very good results. Physicians who have used vaccine in the treatment of typhoid claim that it tends to shorten the course, reduce the virulence, and lower the mortality, if given early in the disease.

Another disease against which vaccine is used rather extensively is Asiatic Cholera. This is especially true among the soldiers in the European war. In the Russian Army they combine typhoid with cholera vaccine and report that no more reaction was noticed after the combined treatment than with a single vaccine. After the second injection, agglutination

was seen both with typhoid and with cholera. The protection against cholera is not absolute, but it is increased by the use of vaccines. The duration of immunity is probably about a year.

Bubonic plague has lost some of its horrors for us due to the fact that we have it practically under control. On account of the frightful mortality, it is desirable to use all the forces at our disposal to combat the disease once it gains a foothold. The vaccine prophylactic treatment, while not so satisfactory as in the case of typhoid, does produce an immunity for a short time. The protection is not absolute, but the chances of infection are much lessened. Immunity probably lasts from a few weeks to a few months. During an epidemic it has been recommended that all persons in the infected area be vaccinated and that vaccination be repeated two or three times a year.

In acute infectious diseases such as tetanus and diphtheria, we have not time to produce immunity by active immunization. In such diseases we must depend upon passive immunization. Sera from animals with high antibody content are injected in sufficiently large quantities to neutralize not only the toxins present, but also toxins that are being generated by the causative organism.

MacConkey, of the Lister Institute, has made a summary of all cases of tetanus reported during the first year of the European war. Out of 83,593 wounded that did not have a prophylactic dose of tetanus antitoxin, 539, or .65 per cent., developed tetanus. Of 1,881 wounded who had had prophylactic treatment, 5, or .26 per cent., developed tetanus. In all five of the treated cases the disease developed soon after the injection of the antitoxin, so it is hardly fair to count them. The duration of passive immunity is still an unsettled question. It probably lasts from one to three weeks. From the fact that the immunity is transient, it seems advisable to give smaller doses, say 500 units, at weekly intervals, for two or three successive injections, rather than to give one large dose.

In view of the fact that there is such a high rate of infection from tetanus among the wounded in the present war, prophylactic doses of antitoxin are now given to practically all the wounded. It might be of interest to note that during the Crimean War, of the wounded .15 per cent. developed tetanus; during the Civil War .2 per cent.; during the Russo-Turkish War .12 per cent., while during the European war

it has been .65 per cent. among the untreated.

Tetanus antitoxin, curative, met with little success while it was administered subcutaneously only; with the introduction of intravenous and intraspinal injections, supplementing the subcutaneous, the mortality from tetanus has been greatly reduced.

In tetanus the prophylactic is the principal treatment, and the curative is resorted to only in an emergency. In diphtheria the reverse is true. As a rule diphtheria antitoxin is not administered until there is an active case of diphtheria, then sufficient antitoxin should be given immediately to neutralize the toxin. The large doses of antitoxin are not recommended because it will actually take so much antitoxin to neutralize the toxin, but because with an excess of antitoxin it will reach the attacked cells more quickly, and the excess of antitoxin will do no harm. It was customary before the Schick test was known, to give a prophylactic dose of antitoxin to all persons who were exposed to diphtheria. It has been found that a large number of persons have a natural immunity to diphtheria. By use of the Shick test the susceptible ones can be determined and only these need be immunized.

In order to make a more lasting immunity in the prophylactic treatment, Park recommends the use of toxin-antitoxin treatment. Diphtheria toxin is given to stimulate antibodies, and sufficient antitoxin is administered to protect against the toxin. The beneficial results of diphtheria antitoxin have been well summed up by Biggs and Guerard who state that: "It matters not from what point of view the subject is regarded; whether we consider the percentage of mortality from diphtheria and croup in cities, as a whole, or in hospitals, or in private practice, or for the great hospitals of France, Germany and Austria, the conclusion reached is always the same, namely, there has been an average reduction of mortality from the use of antitoxin in the treatment of diphtheria of not less than 50 per cent. and under the most favorable conditions to one quarter or even less of the previous death rate."

Diphtheria can be largely controlled in institutions by prophylactic inoculations of diphtheria antitoxin to all who show a positive Shick reaction. With the refinement and concentration of diphtheria and tetanus antitoxin, much of the rash and serum sickness that was once encountered has disappeared.

It is to be concluded therefore, that vaccines and sera are of much benefit as a protection against many of the infectious diseases. With the increased use of vaccines and sera, and the general improvement in sanitation, many of the dread diseases will soon be under complete control.

POLIOMYELITIS.*

BY DANIEL ELLIOTT, M. D.,
Newark, N. J.

Infantile spinal paralysis is a misnomer. Poliomyelitis is perhaps better though Heine-Medins Disease is preferred by some. The autopsy findings at the Newark City Hospital would perhaps show that the disease is a diffuse interstitial inflammation of the central nervous system and that at the present time no adequate name yet devised is appropriate.

It is a disease that has caused unusual interest both to the laity and the profession and owing to the fool antics of most of our health officers produced a state of hysteria and worked untold hardships to citizens of many communities.

In the 580 cases that came under my care and the care of Dr. Whitenack, I was unable to find a single evidence of its frightful contagiousness, although in the series of cases to be mentioned, in three families only, there seemed to be a slight ground for such an idea.

My belief in its non-contagiousness is based, however, on these observations: From an orphan asylum containing over 200 children we had only two cases and these at the same time; from another asylum of 100 children one case only; in the day nursery of over 10 children one case; from a boarding-school of over 35 children two cases and these simultaneously. A single observation of a child sent to the hospital with the diagnosis of poliomyelitis, who was kept in the acute ward for three days and found not to have the disease, was discharged and has not as yet developed it. In addition we were forced to employ about 80 extra help, nurses, ward-maids, etc. the nurses numbering over 40; this help was permitted to go where they pleased in their time out, and visited where they desired and from no place where they did visit was a case reported. In the usual children's wards three cases were admitted

with I think the diagnosis was gastro-enteritis, who after a day or two were found to be suffering from this disease; no cases developed in these wards, in fact only one case developed in the hospital and that of an infant, in another part of the building, who was syphilitic and had been there for some time with its mother and in whom I think the diagnosis was questionable. Twins, nursing at same breast, one was affected and died, the other unaffected. None of the attendants contracted the disease.

I shall not burden you with any attempt at a complete symptomatology nor any theory as to cause of the disease but I do feel that Dr. Flexner should have told the whole truth and let us know that healthy monkeys when put in cages with polio-infected monkeys did not contract the disease. To me it is strange that he is the only one who has found the bug even though it is too small for him to see. Rosenow gives us some lucubrations, but I imagine the comments of Drs. MacCrae and Klotz in the November number of the Journal of American Sciences fixes the value of them.

1. Wickman of Stockholm gives us an exhaustive description of this disease as also does Roemer who will tell you much better than I all there seems to be known at the present time about the symptomatology of the disease. They have given a classical description of every type of the disease yet known.

In my cases the onset was often determined by the type of the disease. We had spinal types and forms resembling Landry's paralysis, bulbar with its ghastly respirations, encephalitic and meningitic. In only a small proportion of cases, and these in the first two weeks, were there gastro-intestinal disturbances of any severity. Neither were there many cases with throat symptoms. I can only remember 6 cases that had any rashes, these looked like severe measles and disappeared in a couple of days. The suddenness of the onset in many cases was remarkable and I recall a case of K., age 20, who retired as well as usual and was awakened with a severe pain in his back, he had to be assisted out of his bed and then fell on the floor with both legs paralyzed, for ten days he had bladder paralysis which cleared up, though after three months his legs are still useless.

The case of the child L., age three, playing with a new top in his father's presence called "daddy my head hurts" and when picked up was unconscious.

Another case of a child age 3 years, was

*Read at a meeting of the MacKeon Medical Club, held December 6, 1916, at the Carteret Club, Jersey City, N. J.

brought to the hospital in the night by a physician on account of supposed ptomaine poisoning, the next morning the child was paralyzed in one arm. I should also have mentioned that "sweating" occurred but in a very small number of cases.

My diagnosis was made upon clinical signs and symptoms alone. In no case was the spinal fluid findings of the laboratory considered a factor. Although Dr. Casilli examined the fluid from over 320 cases, the results were not deemed sufficiently characteristic in themselves to warrant a diagnosis of poliomyelitis without the support of the clinical picture of the disease.

Our results with the examination of the spinal fluid have been summed up by Dr. Casilli as follows:

Spinal fluids from 320 cases were examined. They show the following picture: Clear watery fluid, transparent; increased pressure, though not marked; no globulin, in the majority of cases (this is not in accord with the majority of reports); little globulin in a minority of cases; Fehlings reduced in all; fluid, sterile; no nebula formation in the majority of cases.

Cell Count: Lowest cells, 8 per cu. mm. (this case died); highest, 181 cells; average, 20 to 50 cells practically all mononuclears.

Three striking symptoms noticed by me in almost all of the cases were: rapid respiration, loss of knee jerks, polyuria. The polyuria necessitated an average of 500 sheets a day in a ward of 70 beds.

The diagnosis was made from the following symptoms:

Fever: Increased pulse; respirations ranging from 40 to 90; head retraction; stiff neck; tender spine; Kernigs sign, loss of knee jerks and paralysis or marked weakness of some portion of the body. A few cases showed parasthesia.

In most of the cases that showed paralysis, the paralysis was present from the start. In some cases it was delayed for a few days. I believe my diagnosis was correct in over 95 per cent. of all cases.

Probably a clearer conception of the disease under discussion can be obtained if we analyze the autopsy findings of Dr. Martland who was able to get over 30 autopsies at the hospital.

I will now read for you Dr. Martland's summary of his findings:

GROSS PATHOLOGY OF POLIOMYELITIS.

General Appearance—Usually child 1 to 5 years of age. Body well nourished, very few are emaciated. Peculiar pallor to body.

LESIONS SHOWING THE BRUNT OF THE ATTACK IS ON THE CENTRAL NERVOUS SYSTEM.

Brain—Intense acute encephalitis, the grey matter having a characteristic color ranging from a pinkish gray to a scarlet, copper purplish hue. This color I have not seen in any other conditions with the possible exception of tetanus, rabies, some cases of acute traumatic encephalitis. It never occurs in most of the common meningitides. The color does not seem to be mentioned in literature, although I know that several well-known pathologists have observed it. I have been able to diagnose polio cases from this color, having substantiated it by the other findings. The meninges are quite free and clear with naked eye, and even in the meningitic type of case nothing is seen with the naked eye, although the sections may show a considerable lymphocytic infiltration of the pia-arachnoid.

In over 30 autopsies I have only seen internal hydrocephalus once, and then it was very moderate in extent.

Cord—The cord shows very little from the meningeal surface, except active hyperemia. On cut section, the characteristic lesions shown on chart are to be seen.

The medulla and pons show very little but active hyperemia but under the microscope there is extensive lymphocytic foci, perivascular and diffuse through the vital centers with edema and chromatolysis in the neurones.

The nervous system bears the brunt of the attack. The individuals always die of medullary involvement, with respiratory paralysis. The process is a diffuse interstitial inflammation of the central nervous system, which can be localized more severely in certain patches throughout the nervous system, thus giving rise to any symptom occurring in nervous diseases, similar in some respect to multiple sclerosis. For the present the name of Heine-Medins Disease is perhaps preferable as it is impracticable to give it any anatomical name.

LESIONS CAUSED BY MODE OF DEATH

As death occurs from respiratory paralysis in over 99% of cases and this is due to the inflammatory process invading the medulla and respiratory centers the following lesions as seen in cases of asphyxia are more or less present:

Lungs: Pleural ecchymoses; parietal and visceral. Acute interstitial emphysema, with blebs under the visceral pleura.

Heart: Right heart dilatation with dark

blood. Pericardial ecchymoses and sometimes endocardial.

LESIONS DUE TO BACTERIAL NATURE OF DISEASE—TOXIC.

Heart: Cloudy swelling.

Liver: Cloudy swelling.

Kidneys: Cloudy swelling to a toxic and degenerative tubular nephritis.

LESIONS WHICH WOULD SUGGEST PORTALS OF ENTRY OF GERM.

Intestines: Small: Pinkish hyperplasia of Peyer's patches and solitary follicle with pinkish hyperplasia of mesenteric glands.

Colon: Follicular colitis with hyperplasia of solitary follicles.

Mucosa: Nasal and tonsils in cases examined were quite free and clear, also throat mucosa.

The following is a statistical summary of our cases as compiled by Dr. Dowd for me:

Cases Admitted to City Hospital: July 4th to 24th, 5; July 24th to September 2, 570; September 2 to 18th, 5; total, 580 cases; largest number in hospital at one time, 435.

Mortality: Total number of cases observed, 580; discharged, 438; died, 142, mortality percentage, 24.47%.

Age: Largest number of cases in second and third years; youngest, 3 months; oldest, 40 years.

Number of adults, 13; died, 5; recovered, 8 (seven with extensive paralysis probably permanent); nursing babies, 35.

Results on Discharge: Percentage of cases not paralyzed on discharge, 44%; paralyzed on discharge, 46%.

This includes mild paralysis like squint, facial, torticollis, etc., and severe forms, with one or both arms, one or both legs or all four extremities; ten cases were unable to move at all when discharged; 30% of those paralyzed were improving at time of discharge, some manifested only slight muscular weakness; 30% of those paralyzed were in the lower extremities; 16% were in the upper extremities.

Relapses: Relapse cases, 12; died, 6.

Etiology: Sequence of cases in one family occur in three families, all the other cases were single cases from a family.

Relapses: These occurred after some three weeks and were generally ushered in with a rapid rise of temperature and respirations. Some of the older cases complained of intense headache. In all these cases a strict search was made for any other factor to explain the occurrence. The relapses occurred in the paralyzed and non-paralyzed cases, the relapse was of short

duration in those dying from three to 24 hours, while in those that recovered it was about three weeks, it was in these cases that the second lumbar puncture relieved the headache.

TREATMENT.

The various methods of treatment used were:

Urotropin: Administered by mouth every two hours in doses of from 1 to 5 grains. In some few cases on account of bladder or kidney irritation, it had to be stopped. I consider urotropin in the treatment of acute poliomyelitis worthless.

Quinine was used in both adults and children, administered by mouth in ordinary doses. It had no apparent effect on the symptoms or course of the disease.

Salvarsan and *neosalvarsan* was used intravenously in a few of the very severe cases, all of them died. Its use was discontinued on account of no beneficial result.

Adrenalin, so much vaunted, was given intraspinaly according to technique of Meltzer and others, without any beneficial results, in fact I believe with distinct harm in many. If I tried it again, I believe I should be indicted.

Sodium salicylate and *potass. iodide* were given by mouth. No apparent benefit.

Iodeol given intramuscularly in a series of cases. No apparent good results. Probably no harm done.

Immune and healthy blood serum; human; given by intraspinal route. All with no apparent result.

Horse serum in form of diphtheria antitoxin; no apparent result.

Lumbar puncture: This was a routine method of procedure to check up with the clinical findings and for treatment.

In my opinion, one or more lumbar punctures was the only therapeutic method observed which produced any amelioration in the symptoms, this certainly would relieve in many cases the headache and irritability.

Morphine and *bromides*: Only a few cases required these to quiet the patient.

In one case of relapse, anti-meningitis serum was used with apparently an increase in the severity of the symptoms.

I recall two cases that seemed so certain to die, that in one I only allowed lumbar puncture, in the other no treatment at all, both recovered.

Summary: The general routine followed by me was as follows:

Lumbar puncture; a warm bath; calomel 1 to 5 grains followed by a saline; absolute

rest as far as could be obtained; fluid diet; naso-pharyngeal toilet consisting of albolene and menthol dropped in nose. In all cases where the temperature was 103 or over an alcohol spray was freely used.

Conclusion: During my night visits to the wards I was often quite astonished to find the children all sleeping soundly or quiet. In my opinion the percentage of recoveries were larger among the patients who received the simpler form of treatment.

As for the after treatment I cannot say. I had no hand in it, as I was practically ordered to discharge all cases at the end of eight weeks because of the desire of the parents to have their children returned to their homes. In the after treatment however, there seems to be an acute dispute as to whether it is neurological or orthopedic.

44 Bleeker Street, Newark.

THE PROPHYLAXIS AND TREATMENT OF POST-ANAESTHETIC VOMITING.*

BY CHARLES J. LARKEY M. D.,
Bayonne, N. J.

The most frequent and disagreeable after effect of a surgical operation is nausea and vomiting. Our aim and object should therefore be to adopt all means toward eliminating or minimizing this disagreeable after effect. The prevention and treatment of nausea and vomiting are matters of importance not only to the patient but also to the surgeon, and I have therefore decided to discuss this subject with you this evening.

We must take it for granted that the single act of vomiting which often takes place just before consciousness returns is usually an advantage rather than a disadvantage, for it clears the air passages and the stomach mucus. This subconscious vomiting is really of no great moment.

We all have our own views as to the etiology of vomiting. Some think it to be influenced by the kind of anæsthetic used, others by the method of administration. Some think the mental condition of the patient or gentleness of the surgeon are important factors. Some regard vomiting as due to the irritating effects of the swallowed saliva, while a great many believe post-anæsthetic vomiting to be due to a local manifestation of some general constitutional disturbance. It is perfectly true that some individuals are more prone to vomit than

others. This is demonstrated very conclusively by seasickness. Those patients of a highly neurotic temperament or those badly frightened are not likely to recover without considerable gastric distress. It is in this connection that Crile's theory of anoci association is to be thought of.

Morphine preliminary to operation is also a cause in a great many cases and in my work I have eliminated the preliminary hypodermic of morphine in order to minimize post-anæsthetic vomiting. By comparing a number of cases with and without a preliminary hypodermic of morphine, I have found that those without morphine have less post-anæsthetic vomiting. We all know that there are a great many people who cannot tolerate morphine without some nausea or vomiting.

According to Verworn, anæsthetics act by entering into a loose physico-chemical combination with the lipoids through which they lose their normal relation to the other cell constituents, and the entire chemistry of the cell is inhibited. Among the results of this inhibition is a lessened absorption of oxygen, which produces an abnormal increase in the acid content of the cell. This increased acidity increases the capacity of the involved tissues for water, which is followed by edema of the cell. It is due to this that anæsthetized subjects after the anæsthesia are thirsty and call for water. This thirst is caused by tissues not being saturated with water. This absence of free water in the body is demonstrated through the kidneys by a diminished urinary secretion.

The chemical effect of the anæsthetic upon the body is evident by an increasing acidity of the blood and a diminished chloride output. At the same time the presence of incompletely oxidized bodies, such as acetone, diacetic acid, beta-oxybutyric acid may be found and in severe cases this acid intoxication produces albumen and casts in the urine. The presence of acetone means that carbo-hydrates and fat are not completely oxidized as normally into carbon dioxide and water.

From the above considerations we may deduct the following conclusions, namely, that urinary secretion is possible only when free water circulating in the blood is brought to the kidney, and that the anæsthetic produces the effect it does, because it leads to the lack of oxygen in the tissues of the body. This raises their acid content and makes them absorb more water from the blood, which in its turn diminishes in

*Read before the Bayonne Medical Society, October 23, 1916.

that proportion the amount available for secretion.

Hogan and McKenna found after examining four hundred post operative urines that 94% of the cases showed a marked increase in hydrogen acidity, 49% showed acetone or diacetic acid, 26% showed albumen and casts. Whenever these findings were noted there was also a diminished chloride output. The post operative symptoms of nausea, vomiting, headaches and gas pains were most intense in those cases which showed the most changes in the urine.

The symptoms of acidosis are persistent vomiting, coated tongue, drowsiness, thirst, flushed face, prostration, sometimes diarrhea and cerebral symptoms. The vomitus is scanty and of a coffee ground character. The patient is very restless and the lips and inside of the mouth are excoriated from the irritating vomitus.

The fever varies from normal to 104. The pulse is rapid. With prostration there is frequently a paleness about the mouth. There is often dyspnea. The urine is scanty in 50% of the cases. Acetone is present in every case. Diacetic acid is present in about one-third of the cases. It is a danger signal and if the patient recovers it disappears from the urine before acetone disappears.

Most pre-operative measures cause a great deal of discomfort and even danger to the patient. A patient is starved, worried, and in some cases kept awake half the night by enemata, shaving, etc. The mental anxiety so common in surgical cases causes increased muscular tone, which in turn tends to increase the acidity of the urine. Patients are often kept on a too light diet and in this way the products of a starvation diet are added to those already present from other causes.

In order to obviate the above conditions the following pre-operative preparation should be followed:

The patient should be under control for a few days before the operation. He should have a thorough physical examination and a thorough urine examination. It is a good plan to maintain regular diet with plenty of starchy foods up till noontime of the day before operation. A light supper of cereals and milk with albumen, water and sugar is given. We may also give one enema at night and one in the morning.

It is of great importance to look for acetone so that we might institute precautions if we find it present. The protein diet should be cut down somewhat and in its stead more carbohydrates taken. We should

use mushes, oatmeal served with plenty of sugar, malted milk or any prepared food that contains maltose and dextrose. In addition, the patient should be given water freely, especially mineral waters. Candy is beneficial.

Water containing calcium is especially advisable, for the lack of calcium seems to be responsible for many of the so-called acidosis effects. If a calcium water is not available, we may give calcium acetate in 15 grain doses, three or four times a day. A good routine to follow would be to give one dram of soda bicarbonate and one dram of lactose every four hours for at least forty-eight hours before the operation. By the above methods we can in this way secure an alkaline urine, and it is a good plan to have the patient enter the operating room with his urine alkaline or neutral to litmus.

We do not necessarily have to wait until the patient enters the hospital to institute the above measure, we may begin them at home. The bowels should be moved before the operation, and instead of using the ordinary enema, we may use a quart or two of water, containing one or two ounces of bicarbonate of soda. Patients prepared in this way usually recover rapidly from the effects of their anæsthesia. They are without headaches, they vomit little or none at all. They urinate one hour or two after the operation and the urine is practically free from albumen and casts.

Following the operation the patient is given a 5% solution of anhydros dextrose by rectum by the Murphy Drip method, using usually about 250 c.c. This is especially valuable in cases of marked toxemia. If an acute dilatation of the stomach develops, lavage with bicarbonate of soda solution will be of great benefit. Reflex irritation may be responsible for vomiting, as pressure from drainage tubes or clamps, or following faulty technique as in gastro-enterostomies when a vicious circle develops. This persists until the condition which produces it is corrected.

Ordinarily, after the operation, we should use alkaline mineral water, either plain or as a fruit acid. Early administration of the juice of a grape fruit or oranges with sugar works excellently. The fruit acids are oxidized to carbonates, so that these foods represent a feeding of alkalines. If there is no vomiting we may start carbohydrate feeding by mouth within a few hours after the operation. Sweetened fruit juice, hot or cold malted milk are very excellent.

Of course, a great many people will recover from an operation without any vomiting, but the most striking evidence of the part an acidosis plays in post-anæsthetic vomiting and the efficacy of prophylaxis is seen in those persons who have had several anæsthesias, giving a history of severe vomiting with no prophylactic treatment.

It is my belief that a great many patients develop more or less of an acidosis after a general anæsthetic. If the eliminating power of their kidneys is good, they scarcely show any symptoms. There is no doubt that some individuals are more prone to subsequent acid intoxication than others. Children are very susceptible. Those who are nervous and frightened are also apt to develop a subsequent acidosis.

While I have had but very few chances to corroborate the above remarks, I am in hopes by bringing this subject to your attention that prophylactic treatment will be instituted in our operative cases, and in this way I am sure we will avoid a great deal of persistent vomiting after operations.

THE USE OF IODINE IN OBSTETRICS.*

BY MERRILL E. SWINEY, M. D.,
Bayonne, N. J.

About three years ago I was called to the Hook section in consultation on a obstetrical case. When I arrived there was no water in the house, no fire and everything in a most unsanitary condition. It was practically impossible to make an aseptic examination. I had some tincture of iodine in my case. The thought came to me, why would not the painting of the glove with iodine be just as effective as it is on the skin in an abdominal operation. I, therefore, painted the two fingers of the rubber glove with iodine and also the parts around the vulva after trimming the hair.

The examination showed an occiput posterior with the head firmly impacted midway in the canal, os fully dilated, pains ineffective. As there was no way to boil the forceps, I likewise painted them with iodine before using them. I watched this case carefully and the patient went through her puerperium without complications.

Since that time I have used this method of sterilizing the gloved examining hand at least three or four hundred times, and have used the forceps both high and low probably one hundred and fifty times. In

fact, in almost all of my outside work I have used this method of sterilizing and have seen no complications which could be attributed to it. It saves time in not having to wait for the gloves to boil and for the instruments to boil and cool.

With this method of sterilization I feel there is no excuse for not using rubber gloves in obstetrics, as it is much quicker than scrubbing the hands, and, of course, very much safer. I never use iodine in the vagina of the puerperal woman for, I believe it would kill the Doderlin bacilli which are the safeguard of the parturient woman.

Another point in favor of this form of sterilization is that if the glove accidentally touches anything that is not sterile it can be so easily re-sterilized. The action of the iodine on the rubber does not tend to prolong the life of the glove, but, in fact, has a deteriorating effect. The nickle of the instruments is also effected by the iodine, but not to any great degree, for mine have been used many times and have not been re-nickled in a year.

I use 3½% tincture of iodine. I always soap my hands or dust them with talcum powder to facilitate the putting on of the gloves. It is not necessary to scrub the hands for the gloves are never torn in this class of work.

The points in favor of iodine sterilization of gloves and instruments are:

1. It is the quickest method.
2. It is absolutely safe as proved by my large number of cases.
3. It removes all objections to the use of rubber gloves in this class of work except the cost, which is trifling compared to the mortality and morbidity at stake.

INDUSTRIAL DISEASES IN NEW JERSEY.

Under the New Jersey law, lead, phosphorus, arsenic or mercury poisoning contracted as a result of occupation is reportable. The State Board of Health report for 1915 shows that there were reported during the year fifty-six cases of lead poisoning, two cases of mercury poisoning, one case of arsenic poisoning and six cases of anthrax. The board, while required to collect statistics of industrial diseases, has no authority to regulate conditions in factories in which such disease occur. Such reports, while interesting, are comparatively valueless unless supplemented by amendatory legislation, giving the State board power to deal in a remedial way with the conditions which produce diseases.—A. M. A. Journal, Dec. 9th.

*Read before the Bayonne Medical Society. November 20, 1916.

PROCEEDINGS OF THE New Jersey Joint Conference on Tuberculosis*

HELD IN THE BOARD OF HEALTH BUILDING, NEWARK, DEC. 5-7, 1916

Clinics were held at the laboratories of the City Hospital at 10 A. M. December 5, by Drs. Richard N. Connolly, Bacteriologist of the Newark Board of Health and Harrison S. Martland, Pathologist of the Newark City Hospital.

The afternoon session was held in the auditorium, Board of Health Building, at 2 P. M., Dr. Millard Knowlton, presiding, when a symposium on "Industrial Hygiene and Tuberculosis" was presented.

Dr. Knowlton in opening the session, made a short address of welcome, outlining a few of the important steps in the fight against tuberculosis. He announced the topic for the afternoon session—"The Relation of Industrial Conditions to Tuberculosis"—and introduced Miss Lillian Erskine.

THE ATTITUDE OF THE STATE DEPARTMENT OF LABOR TOWARD TUBERCULOSIS.

BY MISS LILLIAN ERSKINE,
Trenton, N. J.

Investigator of Occupational Diseases for the
State Department of Labor.

In accepting its share of the State's responsibility to control the ravages of what is now recognized as a preventable disease of "overwork, malnutrition and unsanitary surroundings," the Department of Labor of New Jersey has no desire to minimize the tragic interest of the subject under discussion; or to deny the heavy obligations resting upon it, as the authorized guardian of the welfare of nearly half a million of industrial workers.

Dramatic as has proved the appeal of occupational accident, and spectacular as has been the last few years' popular campaign for "Safety First," this conference to-day touches upon issues more far reaching, in the struggle for National conservation, and of more serious moment to those who have been charged by State authority to lessen human wastage in an infinite variety of manufacturing processes. For we must bear in mind that industrial accident causes approximately but one-seventh the physical

and economic suffering at present endured by some 44,000,000 workers of this country; and we must share with other States the National indictment implied by the fact that out of 140 specified trades (listed in the United States Mortality Statistics for 1909), tuberculosis, the so-called "Captain of Death," was chief cause in 96. Few familiar with the physical toll still exacted by the unregulated industries, can doubt that a large proportion of our American army of—730,000—tubercular wage-earners, are needlessly sacrificed to working conditions which intelligent official supervision, combined with the economic and humanitarian education of the employer, might render healthful.

Owing to the recent passage of Workmen's Compensation Laws, covering industrial accident, the duty of Departments of Labor to safeguard the life and limb of the State's operatives, is generally conceded. But there could be no more costly error than to limit the responsibility of our inspectors to the mere prevention of mechanical injury, under the misapprehension that accident is the only physical hard ship calling for compulsory control, or the only disability justly entitled to compensation, lest the victim and his dependents become a burden upon society. No one who has actually seen the bodies of men broken on the wheel of industry, could desire to minimize our obligation to lessen the obvious suffering due to neglect of mechanical hazard; but we may conservatively state that unguarded belts, and gears, and set-screws, are a negligible menace to the wage-earner, compared to the subtle dangers of dust, fume, humidity and excessive heat, from which no personal caution on his part can offer hope of immunity, or assurance of unimpaired earning capacity.

We who have shared the lot of the worker in some four score hazardous and sub-hazardous trades, realize that occupational diseases, not industrial accident, is the great issue now confronting our manufacturing communities; and of all occupation-bred diseases the most unnecessary, the most harrowing, and the most far-reaching in its social effects, is unquestionably the induced

*The executive Committee of this Conference selected our Journal as the official organ in which to publish its transactions:

industrial tuberculosis of victims of the unsanitary factory and workshop. This type of "pulmonary disease" (according to the report of the British Departmental Committee on Compensation for Industrial Diseases), manifests itself in three kinds of forms—as ordinary tuberculous phthisis, acute or chronic; as "fibroid phthisis," and as a mixed form when a tuberculous process is ingrafted sooner or later upon the fibroid. Fibroid phthisis is always a slow disease. It consists of a chronic reactive inflammation around the many minute foci of dust inhalation, which by coalescence gradually invades larger areas, impairing and strangling the proper lung tissues in corresponding measure. Again, a lung so impaired is very apt to harbor bacilli, especially the tubercle bacilli, by the influence of which it may be still further destroyed. Thus both fibroid phthisis uncomplicated, and fibroid phthisis with the supervention of tubercle, are in their nature occupational diseases.

"The first symptom of fibroid phthisis is a cough which insidiously, and for a while almost imperceptibly, becomes habitual. At first, in the morning only, it gradually becomes more frequent during the day, and expectoration, nominal at the beginning, becomes more marked, though not profuse until the latter stages of the disease. Leaving out of account the more rapid progress of the disease in tin and gold miners, these symptoms of a negative phase of purely local damage may last for years—ten or fifteen or even more—without advancing to such a degree as to throw the workman out of employment or even to cause him serious inconvenience. At some period, however—rarely less than ten years and frequently more than twenty of continuous employment—in a like imperceptible manner the breathing gets shorter, and the patient finds himself less and less capable of exertion. Yet, even when the cough and dyspnoea have reached a considerable degree, there are no signs of fever, as in the case of pulmonary tuberculosis; the flesh does not fall and the muscles retain their strength and volume. Thus even at a period when the malady is fully established, the general health may be but little impaired and the patient may not be compelled to cease work. Herein fibroid phthisis presents a well-marked difference from pulmonary tuberculosis; and even if, as we have said, the disease becomes complicated with tubercle, yet the rate of progress may be determined rather by the character

of the primary than of the secondary disease, though usually the supervention of tubercle hastens the sufferer into a more rapid consumption."

The social conscience and statistical genius of Dr. Frederick L. Hoffman and of his assistant Dr. Frederick S. Crum, has familiarized the American student of industrial morbidity with the fact that the pulmonary consumption of the wage-earner is largely dust-begotten. The former has shown in his "Mortality from Consumption in the Dusty Trades" that while the so-called "normal" percentage of deaths due to consumption for all males in the registration area is listed at 14.8%, the occupations exposed to vegetable fibre dust show a mortality percentage of 24.8%; mineral dust a mortality of 28.6%; occupations exposed to animal and mixed fibre dust a percentage of 32.1; and occupations exposed to metallic dust a death rate of 36.9%.

Striking as are these figures, certain of our industries give even more convincing proof that "tuberculosis is really a protest against bad air-conditions, just as typhoid is a protest against bad water." No department of labor can justify ignoring the record listed against furriers, that 63.3% of all deaths between the ages of 35 to 44 years in that trade are due to consumption; or that in the felt-hatting trade—between the ages of 25 to 34—55.4% of all mortality is the result of tuberculosis, or that irritating wood dusts claim 70% of the workers who succumb before their 24th year; or woolen dust, 68.2% of mill workers who die before their thirty-fourth year. The brass worker, the printer, the compositor, the glass-blower, the pre-eminently tragic potter, the grinder, the buffer and polisher, the jeweler, the foundryman and moulder, the textile worker, the lithographer and an additional score of the wage-earners of New Jersey, have a peculiar claim upon the protection of the State and of society, against a continuance of past sacrifice of their vitality and lives in the pursuit of their daily vocations.

For that such sacrifice has been needless is being demonstrated with increasing efficiency by the Department of Labor. Since the enactment of the so-called Blower Law, which became operative in 1904. The Division of Hygiene and Sanitation has proved not only the possibility, but also the economic advantages of mechanical exhaust control of industrial dusts at their points of origin. Moreover, it has discarded all scientifically exgrossing (but ultimately

misleading) experimentation as to the permissible dust-content of air in a factory workroom; for it believes that the clean air-standards of the State should be positive, not negative; and that no man, or woman, or adolescent wage-earner should be subjected to even a minimum of respiratory hazard. That the achievement of such sanitary environment must result from a patient campaign of education, both of the employer and the worker, is self-evident. But the Department of Labor of New Jersey is warranted in announcing that it has already standardized—in a majority of our factories—its methods for controlling industrial dust and fume. It feels that it has left behind it the experimental stage; and discarding the "Three Fatal Sisters" of American Legislation—"Adequate," "Sufficient," and "In So Far As Is Practicable"—it is prepared to base its hygienic regulations on authentic and thoroughly proved engineering data.

How important a bearing this has on industrial tuberculosis has already been demonstrated among the grinders, buffers and polishers of the State. Before the passage of the "Blower Law" and the installation of mechanical exhaust ventilation on grinding and buffing wheels, subjection to metallic dust rendered these occupations pre-eminently unhealthful for the worker. The mortality from consumption among grinders was listed at 70.8% for operatives between the ages of 25 to 34; while polishers during the same period of employment, had a tuberculosis mortality percentage of 56%.

The fact that the enforcement of the New Jersey law has given dust-free workrooms to its grinders, buffers and polishers, has cut the trade union record of a mortality from consumption to a negligible figure, thereby not only giving convincing proof of the occupational origin of the disease, but also that mechanical dust-control is capable of absolute standardization, so that the installation shall be guaranteed to safeguard the health of the employee, at a minimum cost of upkeep for an approved type of layout.

Too recent for statistical data, but no less noteworthy for their promise of relief from dust and steam hazard, have been the reforms in the State's felt-hatting trade; complete details of which are given in a bulletin issued by the Department's Division of Hygiene and Sanitation. Pouncing-rooms which formerly ran a 70% mortality hazard from consumption, are now clean and healthful; while the curse of superheated

fog, productive of a long list of respiratory ills, has been lifted from the sizing-rooms and back-shop.

Most interesting of all from the standpoint of to-day's conference, have been reforms in the State potteries, due to the adoption of standardized mechanical exhaust control for the elimination of flint and other mineral dusts, formerly breathed by the operatives. Owing to the extremely unsanitary character of this industry, proportionate mortality from consumption among potters ran as high as 52.9% between the ages of 25 to 34; while pneumonia, asthma, bronchitis, and other respiratory diseases, were listed at an additional 23.1% between the ages of 45 and 54.

The department can also report a satisfactory solution of the difficulties of dust control in the woodworking, pearl button, rubber, oil cloth and linoleum, and other trades which have long held unenviable ranks as subjecting their employees to serious lung hazards, and it confidently expects a steady decline in the State's occupation-bred cases of tuberculosis, due to a constantly increasing percentage of clean, well-ventilated factories, embodying the best obtainable standards of sanitation. Serious as must be ranked the dust problem, especially when complicated by poisonous fumes or compounds, the Department of Labor is prepared to assume additional responsibility regarding the menace of tuberculosis-breeding trades not commonly noted by morbidity investigators. It believes that not enough emphasis is ordinarily laid on such contributing factors as over-exertion; exposure to humidity, and to sudden changes of temperature, to malnutrition arising from lack of decent eating facilities, and to general malaise due to improper sanitary provisions, while the problem of industrial tuberculosis primarily involves the infection of those whose respiratory tracts have been automatically prepared by prolonged irritation for the reception of bacilli, the devitalized worker, whatever be the type of his employment, and *above all the worker who has acquired habits of intemperance as an antidote for physical exhaustion*, must also be reckoned with, if this modern plague is to be conquered in our manufacturing communities.

The subject of contributory intemperance is one which no student of mortality from pulmonary consumption can afford to ignore. This department is convinced that any "dangerous trades," those which reek with noxious fumes or dust; torture with

glare and heat; drain the last drop of physical endurance; poison, break and cripple and exact the lungs, blood, heart and muscle of their workers, are the makers of drunkards by a process as inevitable as the swing of the pendulum, or the recoil of the bent bow. The victims of lead in a hundred American trades; the mercury poisoned and steam sodden hatter; the cough-racked potter; the army of "lungers" in the textile trades; those who toil in smelter and mine; the thousands who sweat and shiver in an endless chain of foundries; who stagger from the fume-laden air of "dope" rooms; who keep pace with the merciless iteration of crowded machinery; who match steadily declining physique against the insidious attack of over two score industrial poisons—all these instinctively turn to the brief panacea of a stimulant, until the habit is formed which accelerates the inroad of tubercular infection, when it has been once established.

There can be no spirit of condemnation for occupational intemperance on the part of those who by personal experience know the torture to the worker of industrial heat; who have themselves been blinded by the glare of molten metal; who have felt their flesh blister as they watched the ruddy iron, brass, copper or fuming lead fill the waiting molds; who have shrunk from the sheet of flame that leaps to the opened furnace door; who have sweat till their clothing was glued to their bodies, and who have then faced a winter wind so bitter that their dripping clothing seemed to freeze to them; while the sleet has cut what the flame has spared, and the chill seems clutching at the very vitals. Heat that exhausts; succeeding cold that numbs. These have been the conditions of thousands whom a neglectful state has allowed to match their bodies against the wage in hand. And so long as the end of their shift finds every fibre of their being crying for a stimulant, so long will the complication of alcoholism decrease the fighting chance of the worker who has fallen victim to tubercular infection.

The Department of Labor feels that important as has been its standardization of mechanical exhaust dust and fume control, its present campaign of education along the lines of general sanitary reforms will have even a more helpful bearing on New Jersey's co-ordinated fight against consumption. For it has been proved that the man who has a chance to wash up and change his working clothes before leaving the fac-

tory, is not the man who swells the percentage of respiratory diseases listed against the trades calling for extremes of physical exertion; nor is he so ready to turn to the saloon as an antidote for depleted vitality; or so apt to substitute alcohol for the food his body really craves.

The department has, therefore, set for itself the task of installing approved types, of wash-room, dressing room and lunch-room in every factory offering the hazard of fume, dust, excessive heat and physical exertion to its employees, in the belief that such facilities are indispensable for the conservation of the health of every worker; and that the employer is more than repaid for the money investment required for such improvements, in the increased efficiency of his force, together with the accompanying reduction of the costliness of his labor turnover.

In so far as it has powers, the department desires to discharge its fullest obligation towards those who are helpless to protect themselves against conditions of employment not of their own choosing. It has no choice but to recognize how far-reaching have been the effects of this countries' past indifferences to the cumulative sufferings of those upon whom rests the burden of the toiler; and how imperative is the need for action now that a constructive policy has been made possible.

We must recognize the fact that poverty is the paramount underlying cause of bodily malnutrition, and poverty, in its last analysis, is the heritage of "those whom illness has halted in their daily tasks." Enforced idleness due to physical disability, with resulting poverty, discouragement, alcoholism, and depleted vitality—this is the vicious circle resulting from the abuses of the unregulated factory, and from such needless social wastage is recruited a heavy percentage of our army of consumptives.

It would, however, be unjust alike to the department and those whom it acknowledges as its wards, if it were regarded as the sole guardian of the welfare of New Jersey's half million workers. *No community has a right to limit its query as to where a man works, without its inevitable corollary "where and how does a man live"?* It should be borne in mind that the congested tenement; the uncleaned street; the unsanitary market; the impure water and milk supply; the inadequate means of transportation in crowded cars of workers exposed through lack of shelter and unreasonable delay, to the extremes of the American

climate—these and a score of other phases of possible municipal laxness, have their bearing on some 15 or 16 hours of the daily lives of those whom preventable illness may at any time halt in the pursuit of their daily labors.

But in so far as power has been given it to lessen and prevent the human toll of industry in this State, the Department of Labor, pledges its unremitting efforts to the task of conserving the lives of the men, and women, and adolescents, on behalf of whose welfare and prolonged usefulness to society we have to-day been called together.

Mr. Frederick S. Crum of the Prudential Insurance Company was introduced and he presented a number of figures on the "Mortality of Pulmonary Tuberculosis" in the Dusty Trades," showing the mortality of males to be 15% in these trades, 28,604 of these males, 27.8 were deaths from pulmonary tuberculosis.

Dr. I. Edward Gluckman, of the Trades Union Anti-Tuberculosis Association of Newark, was then introduced.

FIRST-HAND EXPERIENCE AS TO THE EXISTENCE OF INDUSTRIAL TUBERCULOSIS.

BY ISAAC EDWARD GLUCKMAN M. D.

Consulting Physician, Essex County Isolation Hospital (Tuberculosis Dept.); Consulting Physician, Trades Union Anti-Tuberculosis Association; Former Superintendent, Newark Tuberculosis Sanitarium, Etc.

It has long been known that certain trades or occupations were conducive to the development of tuberculosis, and that some industries, to a greater extent than others, exposed their workers to the ravages of this dread disease, universally known as the "white plague"; and whereas the medical profession have been fully alive to these facts it is only within the past few years that any serious, systematic, detailed thought has been given by them to the causative factors. Yet, it is only by study of the causes, followed by adequate preventive measures, that we can hope to vanquish this scourge.

The principal factors in the development of tuberculosis are dust—which may be either organic or inorganic—fumes, improper ventilation, dampness, insufficient light, and exposure. In the cases of miners, potters, metal polishers, stone-cutters, hatters, printers, clothing workers, jewelry workers, furriers, and cigarmakers, we

have illustrations of the occupations in which dust, both organic and inorganic, enters vitally into the question of the health of the workers

An analysis of cases arising from the foregoing occupations has taught me to divide them into two general classes, namely: In miners, potters, stone-cutters, metal polishers, jewelry workers, printers, and hat workers, we have the type of tuberculosis induced in which "fibrosis" predominates. The type referred to is that type of tuberculosis in which the cough comes insidiously finally becomes habitual. These cases may go on for ten or fifteen years without showing any active symptoms of tuberculosis other than cough. These may later develop into the acute type of tuberculosis.

Among clothing workers, furriers, hat finishers and cigarmakers, we find a type of tuberculosis that resembles the chronic "miliary" type, with healing due to calcification. This type of tuberculosis is the type that develops rapidly, with severe cough, expectoration, temperature, sweats, rapid emaciation, and general debility. This may later develop into the chronic form of phthisis.

Fumes are a factor with which we must reckon in industries where the worker comes in contact with acids, metals, etc. These fumes set up a catarrhal condition due to irritation of the mucous membranes of the nose, throat and bronchi. As a result there is a tendency to lower the vitality of the organs affected, making a fertile soil for the growth of the tubercle bacilli.

Therefore, where, in addition to these causes, we have the other harmful factors of unsanitary shops, dampness, poor light and physical exposure, the unfortunate victim falls a ready prey to this terrible disease with all that its presence implies.

From the mass of cases which I have had opportunity to study among industrial workers, I have selected 205 cases involving the trades mentioned, with a view to pointing out the proportion of fibroid and of miliary types existing in each class.

Occupation	Num. of cases ex.	Fibroid Type	Miliary
Hatters	61	23	38
Polishers	24	18	6
Cigarmakers	29	9	20
Printers	27	21	6
Clothing workers	27	6	21
Fur workers	8	1	7
Jewelry workers	3	3	0
Stone-cutters	16	13	3

You will see from these proportions that there is something in the dust and the conditions under which these men and women work that has a direct bearing on the type of tuberculosis developed by them.

You will notice that the percentage in hatters is not so marked, this being due to the fact that I have taken the hatters, both makers and finishers as a whole. In the makers who handle the original furs, mercury, nitric acid, and other ingredients, the type developed seems to lean toward the fibroid, while the finishers, including pouncers, show the type referred to as the miliary.

It has been my privilege to come in contact with workers under the old conditions which existed before the different federal and state departments of labor took a hand in the matter, and to be able to compare such conditions with those which now obtain. Since the organization of the Trades Union Anti-tuberculosis Association, we have endeavored, wherever possible, to make first-hand investigations in the different workshops, and the conclusions reached are that, as between the modern, improved, up-to-date shops and those run in the old-fashioned way, the modern shop develops fewer cases by far than does the old-fashioned shop.

Conceding that there are inherent and unavoidable exposure and risk in certain occupations that arise from the very nature of the work, due to the presence and manipulation of the materials used, machinery, etc., nevertheless much can be done to minimize the ill effects of such occupations; and it is to this minimizing that we must direct our best endeavors.

In this work we must enlist the sympathy, the help, the enlightened co-operation of all minds and hands in all departments. The trades union, the employer, the doctor, the worker, the governmental authorities,—all must join forces to stamp out, or at least to mitigate materially, as far as lies in human power, this disease.

Every human being is vitally interested in and affected by the results. The problem is one of the greatest that faces mankind. It is economic, it is political, it is moral, physical, financial.

In the treatment of sufferers in the first stages of this disease we have been obliged, unfortunately, to permit the return of many of them to their old factories; but wherever possible, we have endeavored to enter them in shops where sanitary conditions were of the best, and the gratifying results obtained, so far as the number of

relapses is concerned, have confirmed our views.

Very little has ever been said about the hat industry in its relation to tuberculosis. In Essex County, N. J., where there are many hat factories, the number of cases and deaths found among male hatters is far above the normal ratio, as will be seen by the following statistics:

Death rate males, 14.8%; death rate hatters, 33.4%.

Compare tuberculosis mortality tables of 1900 and 1916, and see the direct influence of conditions as they existed then and now among metal polishers and cigar makers: Metal polishers—Mortality, T. B., 59.2% in 1890; 21% in 1910. Cigar makers—Mortality, T. B., 33.1% in 1890; 12.2% in 1910.

In my opinion, the blower and vacuum systems installed throughout New Jersey and other States have been the predominant factors in improving the health and working conditions and in lowering the percentage of disease and death in these industries.

There is vast room for improvement in the conditions as they exist in the clothing and fur industries. It is for the federal, state and local health authorities to compel manufacturers to give proper ventilation in their shops, eliminate the accumulation of filth, dirt, and fine particles of cotton and wool. Particularly injurious is the inhalation of these fine particles. The pigments and chemicals used as dyes in the raw materials are deadly enemies to lung tissues.

We need apparatuses and mechanical devices to allay or to carry off the dust particles, the acid fumes, etc., but above all we need in the factories *cleanliness*—sanitation in the broadest sense of the word. The absence of these is not always because of expense; it is usually the result of laziness, neglect, thoughtlessness and ignorance. These words apply to cigar factories and other kindred lines.

Admitting that a great deal of *passive* thought has been given to these conditions, it remains, however, sadly true that not enough *active* thought—thought followed by action—has been given to the wage-earner, who in many cases is the main support of the family. Once gripped by tuberculosis, what is the result? Misery, starvation, impaired nutrition, lower vitality, a charge upon his friends or upon the community, with the resulting consequences such as tubercular infection of children.

For no sin of his own, the worker's chil-

dren are condemned to inherit a terrible disease "even unto the third and fourth generations."

In conclusion, I would ask this conference to give full recognition and indorsement to the work done by the U. S. Department of Labor, by the State Department of Labor and the local health boards, in the cleaning up of unsanitary shops, in the compelling of manufacturers to put in blowers and vacuum systems, etc., so that in the next decade we may see the statistics of tuberculosis in the industrial trades practically nil.

While expressing thanks and satisfaction for good work already accomplished, I want to urge you to be unsatisfied until every unfavorable condition shall be removed. The industrial worker, now, more than ever before, needs your help. With the shops, factories, mills and foundries working to capacity output, with the result that many have been drawn to unhealthful and dangerous occupations who are fresh from fields and other outdoor work, and the temptation to increase the length of the working day, to add to their pay while the stars shine, we must redouble our efforts to keep the worker's body well.

Dr. H. R. M. Landis of Phipps Institute, Philadelphia, Pa., was then introduced:

ASPECT OF DUST AS IT RELATES TO POTTERS' ABSTRACT.

BY DR. H. R. M. LANDIS

Phipps Institute, Philadelphia, Pa.

Pneumoconiosis, or the condition arising from dust in the lungs, you cannot find recorded in mortality records, or see it mentioned as a cause of death. It is, however, an actual cause of death. A very considerable number of individuals who are supposed to have died of tuberculosis, consumption or fibroid phthisis have succumbed to pneumoconiosis.

I thought it might be interesting to trace the entrance of this dust into the respiratory tract. It differs from bacteria in that if you stop the taking in of the dust particles the process ceases. On the other hands, we find upon examination of the lungs of perfectly healthy individuals that they met a traumatic death. Certainly the evidence we have at hand at the present time shows that if you can remove the man from exposure to dust the damage will remain stationary. The effect of coal dust has

been the subject of several remarkable studies, notably those of Nichols and Hawthorne.

It is interesting to note that the majority of cases of "black spit" of miners show and are instances of widespread fibrosis of the lungs so that the lung presents the appearance of soft coke with even a dilatation of the bronchi present. Lime dust and carbon dust were reputed to have the effect of retarding the growth of the tubercle bacillus, and it was quite a piece of advice to send consumptives to trades in which lime and carbon dust were present. If they have this affect it is probable that it is due to the fact that they stimulate fibroid tissues which surround the tuberculous foci. The dust particles of carbon enter the trachea where it is lined with the ciliated epithelial cells and gradually wear through their resistance. This process goes on sometimes for 10 years or more.

The potter's condition is identical. There is a disposition for dust to be deposited on the posterior apex of the lungs with a certain amount of dilatation of the apex. One or two year's work at the potter's trade in many cases showed no evidence on the radiograph, but a ten to eighteen years' employment period at the trade showed quite plainly, fibrosis, scar tissue similar as in tuberculosis was present. A most conspicuous sign is the clutted, bulbous finger. As I said there were a large number that we believed to be suffering from consumption or fibroid phthisis.

Potters are exposed to this disease constantly, some of them having entered the trade at 10 or 11 years of age and up to 40 to 50 years. It seems that the death rate between 20-35 is low among the potters for this disease but becomes excessive beyond 35, tuberculosis being very prevalent, many of the deaths being probably due to this fibrosis. Most of the deaths occur at the mature periods of life; some do not get it in the same degree and one would naturally believe that they would all have the same affect. An individual's living habits, bad hygienic conditions in the home, late hours, however, all have their effect. That is the true condition pretty much throughout all industry. It is the only fair way to approach any of these questions.

Henry Mayo, in the London Worker and London Poor, gives a detailed description of what they do, what they drink, what amusements they seek, and there is hardly a single feature that escapes his notice. It is on the whole like a naturalist's study of

animals. Very much of our occupational disease knowledge is piece-meal and there is a great tendency to over-emphasize one part and slight another. We need some definite way to determine the different degrees of dust hazards in the various trades, or even in the same trade in the different departments and processes. Curiously, for example, the packing rooms in establishments where china is packed, ready for shipment, is the place where the dust danger is most prevalent in the potteries trades. The poor quality of straw used in packing china ware makes this proceeding an industrial hazard. My own feeling is that the dust can be minimized to a large extent if the major defects are removed and is largely the workmen's own fault; they refuse to change their clothes or even wet them to remove the particles of flint adhering to them which every movement of the body sends into the air; they will not abandon the practice of throwing clay shavings on the floor which pounded into dust by their busy feet finds its way into the respiratory tracts of the workers. Certainly a dust that takes 30 to 40 years to produce pneumoconiosis is not very noxious in its effects, save only through continuous neglect of the worker and the industries in general to take measures to protect their health against its insidious menace.

Discussion of three papers then took place.

DISCUSSION.

Dr. Armin Fischer, Newark, opened the discussion, but stated that the papers had so thoroughly covered the particular points, that he could not materially add to them. He then quoted some of his experiences in tuberculosis work, both in this country and in Europe.

Dr. W. J. Douglass followed, stating that while the general theme confined itself ostensibly to the industrial causative factors, every speaker referred to something else as the probable greatest factor in tuberculosis prevalence. Dr. Crum tells us that practically half the people employed in New Jersey work at indoor occupations and that of workers, statistics prove that tuberculosis is more prevalent among people in such indoor occupations. However, I have looked up some figures on the subject and find that 44% work at inside occupation, 16% are engaged in dusty occupations and 40% at outside work. Investigations made in various hospitals and sanatoria show these figures: Municipal hospitals 55% inside, 13% dusty and 32% outside occupations; hospital in Virginia 48%, 5% and 47%. Other sanatoria were 37% inside, 11% dusty; 52% outside; 28% inside, 7% dusty and 65% outside. Figuring them altogether he found as follows: 42% inside, 10% dusty and 47% outside. Now the speakers have told us that 98%

of the population are more or less pathologically affected by the tubercle bacillus according to autopsies on record. Therefore, it does not seem to make much difference what our occupations are: Outside, inside, dusty or otherwise. Those at the dusty occupations must be subject to the influence of dust for at least 12 to 16 years before they definitely develop tuberculosis from the process of fibrosis of the lungs that is going on during this time. In the course of my experience at the Isolation Hospital I have come to the point when I would say that I should be tickled to death to note that a process of fibrosis is taking place in the lung condition of my patients.

My own opinion is that the prevalence of tuberculosis is to be ascribed to three causes: Poverty, ignorance and liquor. You know that the cases that come to the charity hospitals are those that do not earn enough to keep themselves well. It does not make any difference where they go. Look at some of their dwellings; you must strike a match to find the stairway. It does not make any difference where they work when they live under such conditions. We are allowing the disease to breed faster than we can cure it. I am not a temperance advocate, but some of these people are victims of alcoholism. I have a patient who, after putting on 40 pounds of weight and was well on the road to recovery, spoiled his chances by getting intoxicated, which goes to show that you cannot cure a fool of tuberculosis. It is a question of personal living. It is a matter also of living wages, for figures show that where they have low wages, they have a high death rate.

Miss Elizabeth Burns, visiting nurse for the Laden Factory, especially emphasized the fact, that there is such a thing as a dust menace to the health of the worker, and urged that municipalities take up the question of proper housing for workers. England and Germany could not leave the industrial homes in the hands of private individuals. The migratory character of workers in this country makes us realize that our American landlord, whether large or small, has the same temptation to exploit the industrial worker for the largest amount of rent. The employer is bearing his part of the expense and responsibility in the betterment of the condition of the worker; why not make the landlord share this responsibility. Why not fine him or charge him with 26 weeks for the medical treatment of every case of tuberculosis that develops, due to the poor housing conditions provided. Touch his pocket, where he is most susceptible, and you will be doing something towards remedying conditions.

Miss Burns also made a plea for transportation facilities for the workers in the meadow districts, saying that while the locality bristled with industries, there were no adequate facilities for getting there. The speaker further stated that if her audience could go to this district and visualize conditions under which these workers, mainly negroes, lived, you would petition for an industrial clinic so that we could have medical inspection of our workers. You must make the employer realize that it is only for his own benefit that his co-operation is sought for the industrial clinic, which will eliminate each factor that

what it is. Convince him along economic lines. favors the production of a hazard, no matter. She said I came to the conference to petition for an industrial clinic adducing many arguments as to its necessity. An employer will not caution a man that a particular industry has become hazardous to his health and that he must no longer stay at that occupation; this the industrial clinic could accomplish; with it you would have a great clearing house. At present the industrial nurse has no place to send her tuberculous case.

Dr. T. N. Gray in reply said that there was a place to send the tuberculous case, that the City Bureau of Tuberculosis was very glad to have any tuberculous case no matter who it is or from whence he comes, and that there were many such cases that come for treatment and examination which only takes them away from their employment for a few hours. When proper funds were provided to carry on the work Dr. Gray said that a number of clinics throughout the city would be opened to take care of these industrial cases, but as matters now stand he did not think the tuberculous division should be belabored for not establishing such clinics.

Miss Burns, in rejoinder, stated that she did not doubt the willingness of the clinic for tuberculosis to take care of all cases sent, but the matter of getting to the clinic, owing to the inadequate transportation facilities, was a hardship to the workers and would entail the sacrifice of at least a working day to the wage-earner which he could ill afford. From the industrial districts it would take two hours to get to the clinic, and this fact alone emphasizes the need for more funds to establish more clinics. We must bring physical supervision to the people that need it, and it is a good sign to find people impatient to develop their work further.

Dr. C. H. Crankshaw favored the adoption of a medical examination day, and a children's day, and stated that such a course would stimulate the people. It was particularly interesting to hear the paper of Miss Erskine who was to be congratulated on her paper. It will be better for the employer and the employed when a fuller understanding is reached on this momentous problem, and increased social service will work for the benefit of the commonwealth. In the papers and discussion on industrial dust, said the doctor, the points are well taken and I think that when we get a social service department it will be on the lines of that in the Massachusetts General Hospital. Such a department will place the City of Newark on a much higher plane. It is the educative propaganda that we are getting out in these few days that will count and be productive of great good. You cannot reach results in a few weeks, or in even a year.

The Chairman said that he had been present at a good many bodies discussing the question of public health, notably the recent one of the American Public Health Association, but that he was convinced that from the discussions here this afternoon that the New Jersey Joint Conference has furnished as good papers and discussions as they had at New York or Cincinnati.

Mr. John Roach, State Department of Labor,

Trenton, said: I had a very interesting discussion with my friend Dr. Fischer on some of the matters coming up before the organization today. He referred to keeping work shops clean and sanitary, in particular the bakeries, and I would be glad to make a few remarks on the same subject. I feel about maintaining sanitary and healthful bakeries somewhat in this wise. So far as the State or Municipal Supervision is concerned, this industry is of a personal character and reflects the cleanliness and conduct of the people in that particular locality in which they exist, and good conditions of the premises will depend largely, if not entirely, upon the personal characteristics of the people in that neighborhood. The State Department may provide for toilet accommodations and proper screening and make general sanitary inspections, but it has been our experience that a few hours after such an inspection is made the place may become very dirty and unsanitary, owing to the character of the people that come there. The only way in which final and definite improvement can be made in the condition of bakery premises is through education, and not by using the police powers of the State or municipality, and in all the large industrial centers, where industry has grown to large proportions and where the best thought of supervision has developed, all these are getting away from the idea of using the policeman's club. The employment of police power will be necessary only in isolated cases. The people in general should insist upon their rights to have clean premises. In New Jersey, sanitation has been developed to a higher point of perfection than in any other State, and this progress of hygiene in New Jersey is not due to the splendid or ampler equipment of the State officials, or because they are better qualified to do these things, but because the workers through our organizations have demanded better conditions. On the other hand, the intelligence of the operating capital, co-operates with the employees. This change for the better is evidenced in the remarkable reduction of tuberculosis mortality in many industries, especially that of polishers. To-day this is considered a healthful occupation. In the final analysis the conditions in the homes that are now dark, and the factories now unsanitary, depend upon public education for their improvement, and when people become more enlightened they are very much more apt to regard this problem through their own initiative rather than through the exercise of drastic powers and regulations.

Mr. F. S. Crum, replying in part to Dr. Douglass, stated that all dusty occupations are not indoor occupations. Other things being equal the outdoor occupations furnish the least incidence of tuberculosis. As for indoor occupations, besides the large percentage of them which are dusty, must be considered their sedentary nature as predisposing factors in the causation of tuberculosis. The speaker commented on the nature of facts, which to be reliable and trustworthy must have the qualities of being full, definite and accurate, and said that all statistics are not in this category, and stated that especially in this country the only practical and reliable data in the statistical field must be taken from industrial records, complemented by exact information as revealed by reliable and truthful mortality re-

ports. Statistics some day would be an honored profession and take its place in prominence and importance with those of physician, lawyer, clergyman, etc., and it is not an easy matter to measure a social problem, but that statistics were the index to it, and are to it, what the thermometer is to the physical side of life; in that it pointed out the exact status of conditions.

Dr. I. E. Gluckman: I am sorry that Dr. Douglass cannot accept our conclusions in the matter of tuberculous fibrosis, but I believe the ground has been thoroughly gone over and I believe that the suggested establishment of industrial clinics is a good and timely suggestion. The doctor stated that he was rather an optimist on the subject of tuberculosis. "I believe we are gradually getting results and if we can succeed in getting a further reduction in the mortality from this disease at the rate of progress maintained in the last 37 years there is ample justification for such optimism on the part of all connected with the problem."

EVENING SESSION, DEC. 5TH.

The Evening Session of the Conference Tuesday was held at the City Hall. Dr. Knowlton acted as chairman. He introduced Mayor Raymond of Newark.

Mayor Thomas L. Raymond gave an address of welcome, saying in part:

I am surely happy to welcome you to Newark. I feel this is a very important occasion, not only for Newark, but for the whole State. I feel also rather hesitant in doing more than welcoming you here. I am a great believer in the idea of a Chief Executive seeing that experts are put in charge of work requiring such expert work and leaving it in their hands. I do not believe in the amateur efforts of some who feel it their duty to meddle in every kind of business. I think in the city, that the mayor, or even the commissioners, should secure experts of the highest character and let it go at that. During the past two years in Newark, tuberculosis work has gone forward, and I am sure that we are not only learning of the frightful menace of the question, but I think that the Administrative Departments are also learning of its importance. I was asked by some of you who are in charge of this work to say something but it hardly seems to me that it is my place to do so in the presence of experts. I do not think Newark has much as yet to be proud of. I think we have progressed under the able guidance of Dr. Gray for the past eighteen months, but as a city and as citizens, I do not think we have realized the necessity of the work.

We have a wonderful well located home on the crest of the Orange mountains for the care of incipient tuberculosis patients.

Its location is beautiful, but I am not able to speak so highly of the building. We have tried our best but as I see it, it is a place for work and expenditure of money, and a place where we can show in time, how the unfortunates should be treated. We have increased the capacity so that now we have 97 instead of 55 beds. We have increased largely on the field work, having now five nurses instead of two, each of whom has about 290 cases in charge. Instead of having one or two clinics each week, we now have six, two for children and four for adults. This has been all brought about in 18 months, showing that we are learning how to do the work, as well as the importance of doing it. We have also undertaken a wonderful work, if not the best, in preventive work. This is the practice of bringing the children in homes with tuberculosis to the clinics each week, to prevent the occurrence of the disease in them. That, briefly, is what we are doing here. We have citizens here and doctors here also, who are giving their lives to the work, of stamping out this disease and bringing up strong healthy people. We are proud of the people who are giving time and effort to the work. The Trades Union Anti-Tuberculosis Association has also something of which they can be proud in this respect, they taking care of cases arising among male labor, co-operating with the city departments. But as you know the city can only be the leader and blaze the way. The great thing is not to educate the Board of Health, or the Commissioners, but the people. It is frightful to read how it may be acquired. But the easy transmittal of it makes one feel the importance of the question.

Hon. Victor Mravlag, M. D., Mayor of Elizabeth, spoke on "Elizabeth's Part in the Fight." He said—I will tell you of what we are doing in Elizabeth. We had, up to ten years ago, done nothing except to bury the dead, treat the living and pity their families. Six years ago the Anti-Tuberculosis Association was organized and they entered into the fight against the White Plague. A few years later the State Board of Health decreed that all tuberculosis cases must be reported by the city and since then we have some statistics to fall back on. At present the Anti-T. B. Association, the Municipal Health Board, the Department of Charity and the school nurses (both public and parochial) are all engaged in searching out and fighting tuberculosis. In addition we have a tuberculosis clinic in the general hospital which is attended once a week by a medical

director and one other physician, and to that clinic come children and adults. A case of tuberculosis is immediately investigated by the health officer and the anti-tuberculosis society, as to home conditions and where it is worth the while to go, they are sent to Bonnie Burn. When there is need there is some little help extended by municipal authorities and also by charitable organizations and private societies. But all these agencies work to a certain extent in cross purposes. Many of them cover the same ground and thus waste energy. Some seem to be highly jealous of the others. Therefore, the practical results have really not amounted to much.

In consulting figures it is a fact that the number of cases by percentage is as great now as when nothing was done, varying from 16 to 17 per 10,000 population, not including those sent to Bonnie Burn. This gives food for thought, and probably indicates that our work is not being properly directed. However, it is certain that we must show the people the necessity of doing something and show them the terrible results of the disease. One great fault I find is that we give a great deal of attention to the unfortunate victims and very little, and mostly misdirected efforts, to saving those not diseased. My experience is this, that a person once attacked by tuberculosis may temporarily improve but when they return the process is rekindled and they go back to their former conditions. I do not look at it in a hopeless manner, however. When we find out and try the proper methods, we may accomplish something.

Unless you remedy economical conditions you will not wipe out tuberculosis. As long as you have housing conditions as found in large cities, where it is impossible to get proper care and rest, it will be impossible to do anything. Every child should be given opportunity afforded by a clean, light and well ventilated home. As long as children live in such unsanitary homes and are compelled to go to work in improper places you will have the same problem. As long as tenements are built as at present you will have tuberculosis. The public provides the proper amount of air for pupils in schools. The State can also do it as a police measure for the child at home. Proper housing, proper living and proper feeding. It is not, however, easy to feed your child properly when flour is \$12 a barrel and the wage are not increased in proportion. As long as such conditions exist, almost with the connivance of the law, you will have

tuberculosis. It is not a hopeless task, however. Nature has shown us how it may be eradicated by and by through the efforts of her own laws. Perhaps 90% of all people living in apparently good health have had tuberculosis at one time or another. There must be then something in the system that acts as a preventive to the development and active mischief of the germ. The system becomes immune. If that is the case then there will some day be found an artificial way of immunizing the body of a new-born child. We can prevent smallpox by vaccination, we can immune the system for certain lengths of time against diphtheria, typhoid fever, etc. It means that the principal is established that in some way or another any disease, communicable by germ infection, may be prevented by the injection of the germ or serum into the body. This I believe will be the real effective solution of the problem. It would mean then that the research societies will produce an anti-tuberculosis injection similar to that used for other diseases.

Meanwhile the agencies should be encouraged, one to improve social conditions and the other for scientific research to discover the method of which I have spoken. It is impossible under our present methods to satisfactorily accomplish anything. All we will be able to say is that we have done our best, although we will have done nothing really worth while. If I have started anyone thinking I will have done something, although some of the medical men may not agree with me.

Address of Dr. Knowlton, Chairman:
THE TUBERCULOSIS PROBLEM IN
NEW JERSEY.

BY MILLARD KNOWLTON, M. D.
Chief of the Bureau of Education and Publicity,
State Dept. of Health.

On behalf of the committee, the delegates and visitors here assembled, I desire to thank the mayor and the president of the Common Council of Newark for their cordial welcome to the city. We have come here in the hope that our deliberations and interchange of ideas will help us all to solve a most vexed problem, that of tuberculosis. It is entirely fitting that this conference should meet in the largest city in the State, for here all the complexities and ramifications of the great tuberculosis problem are acutely accentuated by concentration of population.

Here too the fight against tuberculosis has recently taken a new turn. Supported by an enlightened public opinion, aroused and stimulated in large measure by the efforts of voluntary organizations, your board of health has recently created a division of tuberculosis and has thus organized an official campaign against the disease. Permit me to congratulate the officials, the board of health, and all the citizens of the metropolis of New Jersey upon this progressive step. Tuberculosis is a community problem, and the burden of its eradication should be placed upon the community. It is hoped that this conference will arouse a sense of community responsibility that will result in more active and energetic official measures for the control of tuberculosis in all parts of the State.

By the party system of government in this country, public officials are usually elected as members of one or another political party. In the performance of their public duties they are confronted by questions that are either partisan or bipartisan in character and other questions that are nonpartisan. The question we are to consider to-night is entirely nonpartisan in character, for the tubercle bacillus is strictly nonpartisan in its operations. The question is both humanitarian and economic, for it involves an enormous loss in the human material of a community, which in turn is a tremendous economic loss to the community.

Starting with a few figures concerning the ravages of tuberculosis in New Jersey, I desire to discuss briefly some of the avenues of approach and methods of attack upon this problem in our own State. Permit me to explain, however, that this discussion is given at the request of the committee in charge of the conference, for I do not wish you to suspect that I may be presuming upon my prerogative as chairman to consume so much of your time as such a discussion will require.

Pulmonary tuberculosis has been reported as the cause of 127,465 deaths in New Jersey during the last 37 years, 1879 to 1915 inclusive. During the last 15 years of this period, forms of tuberculosis other than pulmonary are credited with having caused 7,127 deaths. Previous to 1901 other forms of tuberculosis were not tabulated in the death records so as to make the figures readily available, but assuming that forms of the disease other than pulmonary caused the same percentage of deaths previous to this time as since, it is estimated that be-

tween 1879 and 1900 other forms of the disease caused 9,647 deaths, making a total of 16,774 deaths due to these forms of the disease, and a grand total of 144,239 deaths caused by all forms of tuberculosis in New Jersey in 37 years. This large number is almost equal to the population of Paterson and a couple of cities the size of Asbury Park besides. Or, to take another illustration, it is more than equal to the combined populations of Montclair, Glen Ridge, Bloomfield and all the Oranges. On the basis of life expectancy at the average age of death from tuberculosis, this enormous waste means the loss of more than four and one-quarter million years of human life.

Translated into dollars and cents the loss is still more staggering. Some four or five years ago Mr. Frederick L. Hoffman rather reluctantly gave me an estimate that a death from tuberculosis means a net economic loss of \$3,000 to the community. Life expectancy at the average age of death from tuberculosis is approximately 30 years. Surely a human life is worth \$100 a year to the community. By elaborate calculations, taking into account numerous factors, some statisticians have estimated the loss per death at nearly three times this figure. Yet, at \$3,000 loss per death, the 4,377 deaths from all forms of tuberculosis in 1915 meant a net economic loss of \$13,131,000 to the State of New Jersey. This loss is greater than the sum expended for the maintenance of all departments of the State government during the same year. How long would a business house remain solvent that tolerated a continual loss from a preventable cause greater than all the expenses of its business? On the basis of \$3,000 per death, the 144,239 deaths from all forms of tuberculosis in New Jersey during the past 37 years may be calculated to represent a loss of \$432,717,000 to this State. How long are we to permit this loss to continue?

Turning now to a more hopeful aspect of the situation it may be noted that the death rate from phthisis, or pulmonary tuberculosis which was 273 per 100,000 population in 1879, reached 292 in 1882, but has been reduced to 132 per 100,000 population in 1915. Thus it will be seen that the phthisis death rate has been slightly more than cut in half during the last 37 years. During this period public health work has been organized in New Jersey. When the State Board of Health was created in 1878 there were very few local boards of health in the State. At present there are about 500 such

boards. The general death rate has declined markedly during the period under consideration, but the tuberculosis death rate has declined even more rapidly than the general rate. During the early years of the period the deaths from pulmonary tuberculosis or phthisis were 13, 14 and in 1887 15 per cent, of the total number of deaths in the State. During the last few years the percentage has been less than ten. If forms of tuberculosis other than phthisis were included in the calculation, the percentage would be somewhat higher all along the line.

Of special interest is the difference in the rate of decline in the tuberculosis death rate for some of the large centers of population in the State and the State at large. Thus while the phthisis rate for the State has declined about $3\frac{1}{2}$ points during the last eleven years, the rate for Hudson County has declined about 4 points, and that for Essex County about 5 points. While the rates for Hudson and Essex Counties, respectively, are still higher than the rate for the State, if they continue to decline more rapidly than the State rate declines it will be only a few years before Hudson and Essex Counties will have lower death rates from pulmonary tuberculosis than the rate for the State at large. The problem before us is to make sure that the death rate continues to decline as rapidly as possible until tuberculosis ceases to be the most important cause of death among the preventable diseases, and becomes almost negligible in importance. It is well to realize that this end cannot be reached at once. Harm has been done in the past by promising results too soon; let us not make this mistake again. If the present tuberculosis death rate can be cut in half during the next thirty or forty years, it will be an accomplishment of which to be proud.

What are the measures by which the death rate from tuberculosis may be reduced? At the International Congress on Tuberculosis held in Washington eight years ago, Sir Arthur Newsholme pointed out the similarity between tuberculosis and leprosy, and drew an important lesson from the fact that leprosy has been almost eradicated from some European countries by segregation of the cases. In addition to this comparison, Newsholme also presented direct evidence that tuberculosis may be controlled by segregation of the active cases. The keynote of the International Congress was the necessity for hospitalization of advanced and far-advanced cases to prevent the spread of infection to others. The statistics with which Newsholme supported his

conclusions were drawn from Europe. But already in America we think we can begin to see that hospital provision is telling on the tuberculosis death rate. This is particularly true in New York City, where large provision has been made for tuberculosis cases during recent years. It may be that the more rapid decline in the tuberculosis death rates in Hudson and Essex Counties than in the State is due to greater provision of hospital facilities in those counties than in other parts of the State.

The necessity for hospitals to segregate infective cases needs to be re-emphasized. So many people without scientific training have been dabbling in the tuberculosis problem that there is much danger of the public being led away from the main issue. In the broad aspects of the problem the prevalence of tuberculosis is not due to poverty, to poor housing, to venereal diseases, to alcoholism and other excesses, to the occupational hazard of working conditions, or other environmental and predisposing influences, but is due to the infectivity of the disease itself. However important these predisposing factors may be in a limited field no one of them affects more than a relatively small proportion of the total number of cases, while the question of infection affects all of the cases. Were it not for infection with the tubercle bacillus, no one would have tuberculosis no matter to what other hazards he may be exposed. If we are to stop the spread of tuberculosis infection, we must separate the living cases from healthy people, especially little children who are particularly susceptible to the infection. The best men's society has yet found for doing this is by taking the cases to the hospital. The removal of children from families where infection exists would accomplish in a measure the same purpose, but the segregation of the patients themselves would be more economical, because of the numbers involved, and would be sounder public policy than the institutionalizing of children.

According to the best information at hand there are approximately 1,500 hospital beds in New Jersey available for cases of pulmonary tuberculosis. This number includes something more than 200 beds in penal institutions and hospitals for the insane, and also includes nearly 300 beds at the State Sanatorium available only for incipient cases; thus only about 1,000 beds are now available or under construction in county and municipal hospitals for advanced or moderately advanced cases of pulmonary

tuberculosis in New Jersey. Last year there were 4,377 deaths from tuberculosis in the State, which is nearly three times the total number of beds provided for the care of tuberculosis patients. If only the county and municipal hospital beds for advanced cases be considered, the number of beds available is less than one-fourth the total number of annual deaths. In the campaign for county hospitals in New York State a few years ago, a standard for the number of beds that should be provided was set arbitrarily at one-half the number of annual deaths. Experience has shown, however, that this number is not sufficient, for in some counties where this number of beds has been provided there has developed need for more. About a year ago at a conference of tuberculosis workers in New York State, the proposed ratio was raised to one bed for each annual death. Let me suggest that we set this as our standard in New Jersey, and that we bend every effort to secure the provision of as many beds for tuberculosis patients as there are annual deaths from the disease.

Let me emphasize two points in connection with hospital provision that seem to me important. First, the hospital should be near the patient's home and readily accessible, as patients dislike going great distances to hospitals and are especially averse to remaining far away from home when they feel themselves approaching the tragic end. It is fortunate that by its county hospital law New Jersey is definitely committed to the policy of hospitalizing patients in institutions near their homes. The second point I wish to emphasize is that hospital life should be made sufficiently attractive to the patients that they are willing to go to the hospital and content to remain there. While the forcible segregation of all active cases would undoubtedly gain almost immediate control of the tuberculosis situation there are potent reasons why this cannot be done: in the first place, hospital facilities are lacking; in the next place it is doubtful if American public opinion would permit it; furthermore, such a course would defeat its own ends by making it difficult or impossible to discover active cases. For these reasons forcible segregation must be reserved for obstreperous patients, and the carrying out of our policy of segregation must depend primarily upon the co-operation of the patients in their willingness to accept hospital care. The responsibility for this phase of the segregation program rests largely with the hospital management.

Another tremendously important factor in the tuberculosis campaign is the public health nurse. A marked tendency of modern public health work in the prevention of communicable diseases is to give more and more attention to individual cases that are possible sources of infection. Health authorities are finding the competent nurse invaluable in their work with tuberculosis cases and more and more nurses are being employed. The demand for public health nurses is so much greater than the supply of really competent nurses that many incompetent and inefficient nurses are finding employment to do public health nursing work. This condition of affairs has given rise to the need for a central supervising agency to act as a stimulating, organizing, standardizing force in the public health nursing service. In New York State this function is performed by the Division of Public Health Nursing in the State Health Department. By all means let the public health nursing service be extended to reach every family that needs such service in the State of New Jersey. The maintenance of a high standard in the nursing work will require the establishment of a central supervising agency. Such an agency may be expected to render important public health service, in connection with both tuberculosis and child hygiene work.

Adequate provision must be made for physical examinations to discover the presence of tuberculosis, and for the medical supervision of active cases that remain at home. In the larger centers of population the most practicable and economical method of accomplishing this purpose is by means of conveniently located clinics or dispensaries. In smaller communities arrangements can sometimes be made for having the service rendered without a regularly established clinic or dispensary. The essential thing is to have medical examinations and supervision when necessary, and the dispensary is often a convenient means to this end.

I scarcely need to remind you that there should be complete registration of all tuberculosis cases. By complete registration I mean more than simply reporting cases and recording them in the books in the health office as required by law; I mean that the reports should be followed up, the cases investigated—that real supervision of individual cases be undertaken by the health authorities. Most of the 35,000 (estimated) cases of tuberculosis in New Jersey must of necessity be cared for in their homes because

hospital facilities are not available. It is the duty of health officials to investigate and supervise these cases to prevent them from spreading the disease to others. There is no need of additional law on this point for already the law is further advanced than the practice in most communities. The law makes mandatory investigations by health authorities, but often these investigations are not conducted. There is great need for a general awakening on the part of health authorities to their responsibility in dealing with tuberculosis. Obviously no good purpose will be served by reporting cases of tuberculosis unless the health authorities do something about the cases when they are reported. Complete registration means that the registers be kept alive and up-to-date; records of cases that die or move from the jurisdiction should be taken out of the register of live, resident cases. Every board of health should have a complete, live register of tuberculosis cases within its jurisdiction.

For the purpose of making possible the foregoing measures, all of which are necessary to prevent tuberculosis, it is of the highest importance that the educational campaign be pressed unremittingly. The public must be kept interested in the tuberculosis problem. If a new step is to be taken in the control of the disease, public attention must be refocussed upon the problem and public interest rekindled in the prevention of tuberculosis. The conference of which the meeting to-night is but one session was called for this special purpose.

In making sure that the tuberculosis problem receives its share of public attention, it is highly important that new and interesting facts be developed, new angles of the problem be studied and reported upon. I believe it would give a tremendous impetus to tuberculosis work in New Jersey if a general survey of the entire situation could be made, if the whole problem could be studied anew by experts, data collected, tabulated, and given to the public. I can think of nothing that would better serve to refocus public attention upon the tuberculosis problem than such a survey. There is also need for intensive studies of particular phases of the problem, both for the purpose of obtaining new information and of making local application of well-known principles and facts. A good illustration of the kind of intensive studies I mean is that made by Lamson in Minnesota on the spread of tuberculosis in families. The facts developed by such a study should be

given the widest possible publicity. New facts promulgated in this way will do much to keep alive a flagging interest in a dry and tedious subject.

In conclusion, let me again emphasize the point that the great outstanding fact about tuberculosis is its infectivity. No procedure will be successful in controlling the disease that does not take into account its epidemiology. Each open case is a source from which infection is likely to spread to other members of the household, especially the children. This spread of infection may be prevented by segregating the cases in hospitals. Until hospital facilities can be provided, the danger of spread may be somewhat lessened by proper supervision in the home. In view of these considerations permit me to suggest a slogan for this conference to adopt. Let us set up a definite end toward which we shall strive; let us set a time for the accomplishment of this end. I suggest the slogan, "No uncared for tuberculosis in New Jersey in 1920." You might wish to word it somewhat differently so as to state the purpose positively instead of negatively. In that case it might be worded, "Facilities for the care of all the tuberculous in New Jersey by 1920."

For the purpose of carrying into effect this slogan I would recommend the adoption of a definite platform consisting of the following seven planks:

1. Every county to have sanatorium provision within or very near its borders for all the tuberculous.
2. A well organized and properly supervised public health nursing service to be extended to all parts of the State.
3. Facilities for the physical examination and medical supervision of all patients to be provided in dispensaries or by other arrangement.
4. All living cases of tuberculosis to be reported to the local board of health.
5. Such careful, painstaking, follow-up work by the local health officials, or by others where health officials fail, as will insure proper supervision at home for all cases who cannot be induced to accept hospital or sanatorium care.
6. Thorough cleansing of the premises after every removal or death of a tuberculosis patient.
7. A more intensive study of the tuberculosis problem in relation to the State and the several communities within the State, and a full presentation of the facts to the public.

A letter of regret was read from Mayor F. W. Donnelly of Trenton. He was unable to attend owing to another convention in Washington, D. C. Dr. Knowlton stated that Mr. Donnelly is very active in anti-tuberculosis work, being responsible for the present Trenton hospital which is for that disease. He is president of a tuberculosis league and is making earnest efforts to increase the educational side of the question.

Mayor M. M. Fagan of Jersey City was also unable to attend, but D. F. H. Edsall, Commissioner of Health of Jersey City, was present and was introduced. Dr. F. H. Edsall said—Jersey City as a city is doing but little in tuberculosis work. The public health work in Hudson County, and particularly in Jersey City, is somewhat divided. Most of the work is done by the Tuberculosis Hospital of Hudson County. Reports of cases come to the health department and must be transmitted to the clinic of the hospital, they then take up the investigation and send the cases to the hospitals, as far as possible, when they have the capacity. Naturally there is not united effort. The same complaint exists there, however, which exists all over the land, that hospital facilities are insufficient. I have yet to learn of any city or State which is able to properly segregate cases of tuberculosis. We are certainly not facing it as we should. We especially lack means to care for tuberculosis among your children. There is where the big problem exists. Children living in tuberculosis environment should receive special attention. Sometimes parents are defective and proper arrangements cannot be had at the home. Preventorium should be provided for such cases. I have yet to find means of hospitalizing children under eight or nine years of age, even incipient cases. We cannot meet the problem. Usually too much expense has been put in the buildings for such work. I do not believe that any apologies are needed for necessary expense of buildings which will comfortably take care of cases. The least amount of expense undertaken the more money will be forthcoming for the real work. Less attention should be given to the monumental character of the building and more to the actual performance of the work for which the building is needed and intended. We have done much in the work, but the amount of success is still painfully small and the work naturally seems very slow, but with proper co-operation and assistance of the public with the State, the next twenty years will show much more

progress than has been shown in the past.

Mr. Henry Green, a social worker of Newark, spoke of the housing conditions in the congested sections of Newark, particularly in the Third Ward, in which he said there are about 40,000 people crowded together in cramped, unhealthful surroundings. These people are the most industrious and ambitious in our city, yet the housing conditions are terrible. While humanity is good at heart we are not all sufficiently acquainted with the facts to have deep interest. The Board of Health has helped us wonderfully. A recent investigation showed 65 houses without any windows in the bedrooms and many others opened on foul air shafts. I believe poverty is the chief cause of tuberculosis and of our failure in combating it.

Dr. I. Edward Gluckman spoke of the efforts of the Trades' Union Anti-Tuberculosis Association. He said the organization was started five years ago for the purpose of having members of different unions examined to see whether they had any lung trouble suffering from any occupational disease. After the work had been carried on for about a year they came to the conclusion that more could be done with these cases which had tuberculosis, if we gave them proper care and took care of them and their families as far as possible. In the five years we have taken care of 346 cases. Those cases needing sanatorium treatment are sent to the same if possible, but most are treated at home. Caring for cases at home, we try to segregate as far as possible the sufferer, and we also care for any others in the family who may give signs of tuberculosis. We furnish free eggs, milk, etc., and give physician and medicine free. I believe the results obtained are wonderful, and really encourage us to keep up the work. The patients cared for are often able to return to their work and we try to keep them from returning to any place which does not offer proper conditions.

Dr. Thomas N. Gray, chief of the Tuberculosis Bureau of the Newark Board of Health, stated that during the eighteen months' existence of that bureau they had followed a clear and distinct plan of effort and although the work has possibly not progressed as much as we desire, he still felt that we have made some advancement. We have learned something. We are beginning to see light as to possible solutions of the problem. That is about all I can say at present. We feel that the work is well undertaken. We have a location wonder-

fully adapted for the treatment of tuberculosis which could be easily expanded. We have plenty of ground for that purpose. It is being proven that the work is the work of a board of health.

(To be continued).

Clinical Reports.

Sepsis After Gonorrhea.

Dr. Pflanz, in Medizinische Klinik, reports a case of acute anterior gonorrhea of three weeks' duration, apparently cured by a silver salt. Prostatic massage and irrigation were followed by local abscesses and fatal sepsis. Bacillary find negative.

Encephalitis Following Salvarsan Injection.

Dr. Kohrs, in Muenchener Med. Woch., relates the case of a man of twenty-six with secondary syphilis, who was given one injection of salvarsan and who developed no bad symptoms for two days when a chill set in. Next day he seemed in fair condition, but one day later there were clinical evidences of apoplexy, ending promptly in death. Autopsy revealed hemorrhagic encephalitis.

Fainting Attacks in Children.

Dr. Robert Hutchinson reports in the British Journal of Children's Diseases, three cases: A girl, four and one-half years; boy, eight years, and girl, five and one-half years—brought in with a history of fainting attacks, which are usually attributed by the parents to "heart weakness," who are much alarmed in consequence. There is nothing to indicate anything definitely abnormal in the examination of the heart in any instance. Consciousness is not lost and the duration is much longer than of a minor epilepsy. He regards the condition as primarily nervous in origin, with vaso dilatation of the splanchnic area and inhibition of the heart. Removal from school, seaside air and attention to digestive organs speedily results in a disappearance of the attacks.

Giant Formation in Larynx.

This case is reported in The Illinois Medical Journal by Dr. Joseph C. Beck, of Chicago:

A man sixty-five years of age, who came to him with laryngeal difficulty, affecting both speech and breathing. A large mass, about the size of the speaker's thumb, was found, which was soft and fell into the larynx. During the last year the man's physiognomy has changed; the lips have become very large; the tongue also has become large, and his head and features have enlarged. X-ray examination showed definite destruction of the sella turcica. The man had hemianopsia in one eye. The other eye was blind, but this was due to smallpox scars on the cornea. The interesting point in the case was the occurrence of a laryngeal trouble in connection with hypophyseal disturbance. Such cases of giant formation in the larynx have not been described in the literature, so far as Dr. Beck knew. The patient had been suspended and the mass could be moved. It looked like a hypertrophy of the mucous membrane, with relaxation.

A Lipoma of the Broad Ligament.

At the obstetrical section of the Royal Society of Medicine, London, a lipoma of the broad ligament was shown by Dr. Griffith which weighed 13 pounds. At the operation it was found to be retroperitoneal and extended from the right broad ligament to the under surface of the liver. The capsule was incised and the tumor gradually enucleated from above downward. The chief vessels were found down in the pelvis, where the tumor had exposed the right side of the cervix and uterus. The cavity left was closed by a purse-string suture and the abdomen closed without drainage. Good recovery followed. The tumor was composed of adipose tissue and fibrous tissue-strands. Only two other specimens of lipoma of the broad ligament seem to have been recorded.—London Letter in Medical Record.

Intestinal Paresis.

A. J. Colton, M. D., in the Buffalo Medical Journal, reports the case of a woman with double pneumonia whose abdomen was greatly distended and tympanitic, the diaphragm was crowded upward, so that breathing was extremely embarrassed and the woman was apparently dying. The blood-pressure had fallen forty points. One-half mil (Cc.) of pituitrin was injected very slowly into the median cephalic vein. The author says: "Within thirty seconds there was the most remarkable effect I ever witnessed on a human being, the expulsion of large quantities of flatus with a large liquid stool that nearly filled the bedpan. The abdomen in less than three minutes was in normal condition." This patient made a good recovery.

Cases of Hemorrhagic Nephritis.

The following are from the Illinois State Medical Journal, in a paper by Dr. G. E. Baxter on "The Importance of the Post-Nasal Space as a Focus of Infections in Infants and Young Children:

Case 1. A girl, aged five years, was taken suddenly ill, March 7, with negative physical findings, except evidences of a mild coryza, marked obstruction to nasal breathing and muco-purulent discharge from the post-nasal space. Two days later the child showed the usual evidences of an acute hemorrhagic nephritis; temperature, 103; edema of the face and legs, stupid; the urine scanty, had the appearance of blood, with large quantities of albumin, blood and granular casts. This child was acutely sick for about three weeks, during which time she had a double otitis media, which developed on the third day; the nephritis was observed before the otitis media; cervical adenitis developed in ten days. The nephritis continued to be the condition of greatest importance. The disease lasted in all about six weeks or two months, with an ultimate complete recovery. This year, about ten months later, the child again developed a post-nasal infection, with a unilateral otitis media, but no nephritis. The important feature of this case was the early development of the hemorrhagic nephritis.

Case 2. An older sister of this child was taken the same day, with the same manifestations, plus a tonsillitis, but her hemorrhagic

nephritis did not develop until the tenth day. This child developed a mild post-nasal infection again this year, lasting only a few days and with no complication. Her recovery from the original infection was likewise complete.

Case 3. A boy, aged seven years, was taken sick two days later than the girls, with evidence of post-nasal infection and accompanying otitis media. Cervical adenitis was not present. Hemorrhagic nephritis developed the seventh day and ran about the same course as the other cases. At the time the child was ready to get up it was noted that he could walk with great difficulty. At first this was presumed to be due to the long confinement in bed, but there was no improvement after a week or ten days, when it was noted that he had a very pronounced spastic paraplegia of the legs and to a slight degree of the arms. The child's temperature had been 99 to 100. This condition lasted several weeks longer and finally entirely cleared up. About five months from the beginning of the infection he had his tonsils and adenoids removed. His recovery was complete; there has been no exacerbation this year.

Epileptic Seizures Ceasing After Removal of Prepuce.

Dr. B. A. Washburn, Paducah, Ky., reports the following case: Male, aged 52, weight 180 pounds. Had been under treatment for epilepsy for fifteen years. His attacks were from one to six a month, accompanied by involuntary micturition. The foreskin covering the meatus was adherent on the right side behind the corona glandis. In the fossa navicularis the urethra was narrowed to the size of a filiform bougie by a tumor growing into it from the prepuce. The foreskin was removed with the attached growth which was found to be a fibroma. Since this operation, two years ago, there has been no recurrence of the epileptic attacks.

Unusual Case of Status Epilepticus.

Dr. Frank L. Long, Farmington, Mo., reports this case in the Missouri State Journal:

W. B., age 20, was admitted to Hospital No. 4, March 13, 1914, diagnosis congenital epilepsy. He was slightly paralyzed on the right side, which dated from birth, and it was presumed that the resulting condition was caused by birth paralysis. He had major convulsions regularly, averaging several per week. About three months before death he had an attack of serial epilepsy lasting about a week, during which time he had nearly two hundred convulsions. On Jan. 28, 1916, he began having convulsions, and died Feb. 8, 1916, at six o'clock P. M., eleven and one-half days afterward—having had in all 2,031 convulsions. The attendant states that during the first few days a great many of the convulsions were not counted. Afterwards, however, someone sat by the bedside and counted them until he died. During this period he had several lucid intervals, lasting a few hours, at which time he took some nourishment. On several occasions his temperature rose to 103 but did not last long; morphin and bromides seemed to increase the severity of the convulsions. Within twelve hours after receiving three-fourths of a grain of morphin he had 137 convulsions.

The greatest number in any 24 hours was 481; in the last 12 hours of life he had 331.

I fail to find a record of so great a number of convulsions. Clark refers to a case of Le-Roy's in which there were 488 convulsions in 24 hours and 1,000 in three days, and to one of Parson's with 2,080 in 4 weeks, 637 in 10 days, 820 in 5 days, 289 in 24 hours.

Brain Tumor.

Reported by Dr. J. Hayes in a paper in the West Virginia Medical Semi-Monthly, Dec. 8, 1916.

Early in the course of brain tumor cases we are liable to mistake these for functional cases, especially so in those cases in which there is an infiltrating growth in some silent area of the brain and which is giving no definite objective signs. These cases, having more or less continued headache, should not be dismissed with the diagnosis of neurasthenia of cerebral syphilis or neoplasm, as is shown by the following case:

Miss L., age 44. Headache started in August, 1914, persisted until November unaccompanied by other symptoms; slight nausea noted at which time she had also shown slight memory gaps and a tendency to be silly. About January 1, 1916, she developed a slight intention tremor of the right.

Examination—Negative, except for the tremor on the right side, which was very slight when alone, but much exaggerated when under observation, suggesting a functional condition. Exaggerated reflexes in lower extremities, no clonus or Babinski. Blood negative, spinal fluid negative except for slight increase in globulin. Eyes negative. No further changes noted until February 22nd, when patient had three general convulsions. This case illustrates the difficulty in some organic cases.

The patient was seen by good men who were unable to be certain as to whether the patient's condition depended on an organic basis or not.

The patient died April, 1916, of speticeamia following the opening of a small skin abscess on right shoulder. Autopsy revealed infiltrating growth about the size of a walnut in the left frontal region.

Bird Shot Found in the Appendix.

Dr. James N. Vander Veer, Albany, N. Y., reports the following interesting case in the N. Y. State Journal of Medicine: Patient, male, twenty-four years old, complained of constipation, urinary troubles and pain in the back. He had been in a hospital two years ago under some similar conditions, and after a week's stay was discharged as cured—diagnosis, "kidney trouble." On physical examination his heart showed an arrhythmia, with irregular and somewhat intermittent pulse. His abdomen showed a point of tenderness over the bladder region midway between the umbilicus and pubis. Urinary examination was practically negative. Stereoscopic pictures showing a shadow lying behind the bladder led to the diagnosis of a concretion in the appendix. An operation was performed, and an appendix some 4½ inches long was found lying behind the bladder, perfectly free in the abdominal cavity, but with a short mesentery and without the least evidence of inflammatory change. After its removal the appendix was opened and

seventy-four shots of small calibre were counted as having occupied the lumen. The patient made an uneventful recovery and after two weeks' rest felt relieved of his troubles. In what manner did these shots enter the intestinal tract? As a youngster, nine or ten years old, the patient confessed, he was in the habit of holding shot in his mouth and then by means of his tongue and a current of the air he had been wont to blow them out of his mouth at objects. He could not remember having any shot in his mouth for the past ten or twelve years, hence these must have been carried in his appendix for all that time without having caused an acute inflammatory condition.

Paralysis Following Acute Mastoiditis.

Dr. Harry L. Myers, in *Annals of Otolaryngology and Laryngology*, reports this case.

On October 7th the author was called to see a girl of eight years suffering with acute catarrhal otitis media on the right side. She had had two or three attacks of earache at about one-year intervals. The drum had never ruptured and the attacks had subsided in about four days. Though the adenoids and tonsils were large, the child had had no difficulty in breathing. The earache subsided and two weeks after she was first seen the adenoids and tonsils were removed. The patient left the hospital the next day, but returned that evening with a temperature of 102° and pain and bulging in the right ear. The drum was incised and free discharge began. As pain and tenderness developed over the mastoid region, this was operated upon on October 28th; no free pus was found; the dura was exposed over a part of the sinus, which appeared healthy. For five days the patient made rapid improvement, but on the night of November 4th she became very restless and complained of great pain over the right eye. The mastoid wound showed no signs of infection and the temperature was 100°. Two grains of aspirin controlled the pain. On the 7th she had a return of the supraorbital pain but she improved so much after that she was allowed to go home on the 9th. She was seen every day and showed signs of suffering from the neuralgia, and on the 26th of November complete paralysis of the external rectus of the right eye was discovered. She was readmitted to the hospital and a complete neurologic examination made. This was negative, with the exception of the abducens paralysis and the neuralgic affection of the 5th nerve. Under treatment with aspirin, urotropin and codia, supplemented with syrupus ferri iodidum, she gradually improved and was allowed to go home on November 27th. At the time of the report, the paralysis has almost disappeared and the child is rosy and well. The etiology of acute paralysis of the ocular muscles may be either intoxication, infection or traumatism. There was no evidence of herpes. Traumatism in this case may be ruled out, as no force was used, the bone being soft. Gradenigo's conclusion is that from some cause a circumscribed leptomeningitis produced at the tip of the petrous bone.

Gradenigo's syndrome is described as consisting of purulent otitic discharge, abducens paralysis, neuralgia, and pain over the frontal and parietal regions.—*Archives of Pediatrics*.

Abstracts from Medical Journals.

Psoriasis as a Sequel to Tonsillar Inflammation.

Dr. Wingate in the *Journal of Cutaneous Diseases*, says he has seen six cases of this sequence which he is unable to explain, there being no evidence of an infection. In four cases there was ordinary follicular tonsillitis, and in a fifth streptococcus sore throat. The sixth case followed an extirpation of the tonsils. None of the familiar throat organisms has ever been known to cause psoriasis. The only remaining view is that the balance of metabolism was somehow disturbed, either by the fever or the state of the tonsils.

Effects of Eye Strain on the Body.

Dr. J. E. Weeks of New York, in a paper read at the annual meeting of the Maine Medical Asso'n, on the "Relation of Ophthalmology to General Medicine," cites this case: Mrs. M. aged 37 years, height about 5 feet, 6 inches, weight 96 pounds, came to my office in October, 1899, with the history that for years she had suffered from indigestion. She could eat but little without suffering; was quite emaciated; pain referable to the epigastrium usually; vomited frequently after meals. Had severe headaches quite often, which did not appear to bear any very definite relation to the use of the eyes. She had consulted many physicians. She came to me because it was difficult for her to see to sew and to read ordinary print readily. Examination disclosed a fairly high degree of compound hypermetropic astigmatism. Glasses were prescribed and the patient was advised to wear them constantly during waking hours. Patient returned at the end of four months to report that her distressing symptoms had vanished within a few days after wearing the glasses. Her weight had increased by twenty-three pound.

Patients come to me not infrequently complaining of occipital pains, which become more intense in the latter part of the day. The family physician is very apt to consider these pains to be due to faulty metabolism or to circulatory disturbances. These cases are so nearly uniformly due to eye strain that we are able to promise relief from the symptom on relief of the eye strain. It not infrequently occurs that some forms of epilepsy and of facial spasms are held in abeyance by the perfect relief of eye strain. I have now under observation three individuals who have epileptiform seizures if they leave off their glasses for any length of time, or permit themselves to wear an imperfect correction of their errors of refraction and muscular imbalance.

Early Operation in Severe Head Injuries.

Dr. E. H. Beckman, in the *Interstate Medical Journal*, argues for early operation in severe head injuries. It is not unusual after apparent recovery of these cases, without operation, that at some later date there are definite symptoms of cortical irritation as manifested by epilepsy or such symptoms as constant headache, vertigo, drowsiness, and inability to work. In these cases, the after-effects might have been obviated by early operation.

Close observers have known for a long time

that fractures of the skull in which the dura was ruptured are much more favorable than the similar fractures in which there was no rupture to the dura, the reason being that the laceration allows for the escape of blood and affords means for the relief of pressure.

Statistics show that 90 per cent. of meningeal hemorrhages are fatal, while in a large series of patients operated upon 67 per cent. recover. The author reports two cases of meningeal hemorrhage with operation and perfect recovery. In both of these cases there was a free interval after the injury which indicated the slow formation of either a subdural or epi-dural clot. It is in these cases that operation gives the most brilliant results.

If these patients had been allowed to go on without operation and had recovery taken place, there would have been a great many after-effects due to the organization of the blood clot with adhesions to the cortex.—H. B. Z.

Neurotic Arthritis and Rheumatic Inflammation.

The characters which distinguish neurotic arthritis from gouty and rheumatic inflammation may be tabulated thus, says the Practitioner.

1. It is rarely, if ever, accompanied by fever.
2. It comes on after or with paralysis, and affects only partially or entirely paralyzed limbs.
3. The bones are tender on pressure below the point of spinal lesion.
4. The articular swelling is due to a synovial effusion and periarticular exudation, which fixes the patella if the knee be affected.
5. It is accompanied by a doughy edema of the limbs, and cutaneous and muscular atrophy.
6. The treatment for gout or rheumatism utterly fails to afford relief.
7. If the spinal trouble be not sufficient to produce death, the joints are completely restored to functional activity, the pain and edema first disappearing, then the paralysis, and last the thickening and stiffness of joints.

Syphilis of the Lung.

At the annual meeting of the American Climatological and Clinical Association, Dr. N. K. Wood of Boston, read a paper on this subject.

He said that there was evidence of sufficient weight to convince the pathologist either that he was overlooking something or calling something by the wrong name. He reviewed the histories of 20 cases in which Wassermann and von Pirquet tests were made. In the cases in which these signs were negative he had radiographs taken of the chest, and the long bones of the legs. From these he was able to select seven cases that showed definite histories of lung impairment and a positive Wassermann and with negative sputum and negative von Pirquet test. To these 20 cases were added four others who did not come up to the requirements that would suggest syphilis, but which were reported because of the marked effect of mixed treatment. The writer analyzed this series of cases and pointed out the evidence which was suggestive of syphilis,

such as miscarriages, still-births, early infant deaths, history of chancre, glandular enlargement, Hutchinson's teeth, or badly decayed teeth, skin eruptions, etc. He found in these patients equally strong evidence of disease of the lungs, such as marked dullness, limited excursion, poor respiration, a varying number of moist dry rales, confined more to the bases of the lungs, with a history of cough and expectoration. These cases had been under treatment for a year simply good hygienic treatment with tincture of nux vomica and gentian before meals and mixed treatment after meals. The results of treatment had been small gains in weight, improvement in the general physical condition, a diminished tendency to take cold, and an improvement in the chest findings. It seemed very certain that there had been disease of the lungs in these cases, and one must weigh the evidence furnished by the history as to whether it was tuberculosis or syphilis. The treatment of tuberculosis was not given, but these patients improved on tonic and anti-syphilitic treatment. When the treatment was stopped they retrograded. While the evidence pointed to the existence of such a condition as syphilis of the lung, the evidence in the writer's opinion was far from conclusive. If there was such a thing as syphilis of the lung it would have to be demonstrated at the autopsy table.

The Alcoholic as Seen in Court.—Victor V. Anderson has made a study of 100 cases of chronic alcoholics, those who are repeatedly arrested for drunkenness and seem more or less unmodified by any form of treatment. He gives statistics with reference to the number of arrests, the economic efficiency, the mentality, and the diagnosis in this series and finds that not more than one-half were capable of supporting themselves out in society. Fifty-six per cent. had the mental level of children below the age of twelve years. They were all suffering from conditions in general regarded as medical problems. For purposes of treatment they, in general, fall into two classes, namely, the steady drinker and the periodic drinker. The mentality of the former is either defective to begin with, or is so deteriorated from the insidious effects of alcohol as to require that he be confined or have prolonged care and hospital treatment. The periodic drinker, though in many instances he may require short periods of detention, as well as hospital treatment, is in general to be handled on prohibition and incorporation into society's scheme of living by means of well-directed medical, psychological and social service methods of treatment, methods that take full account of his peculiar mental make-up, his character defects, and temperamental difficulties.—*Boston Medical and Surgical Journal.*

Whenever there is danger of metastasis from mumps, either to the mammary glands or to the testicle, apply a hot mustard poultice over the parotid gland and put the patient to bed for a few hours. The inflammation will be attracted to its original site and there remain, and will abate with proper treatment.

—Dr. Ellingwood.

County Medical Societies' Reports.

ATLANTIC COUNTY.

Byron G. Davis, M. D., Reporter.

A special meeting of the Atlantic County Medical Society was held at the Hotel Chalfonte, Atlantic City, for the purpose of taking up the matter of co-operation of the society with the local board of health, especially in their work along the line of typhoid fever and conditions of sanitation in general. The society pledged its support to the board of health and approved the steps the board is taking to bring about improvement in the sanitation and health of the city.

The regular December meeting was held at the Hotel Chalfonte on Friday evening, the 8th.

After the business session, Dr. Samuel Stern of Atlantic City opened the scientific program with an elaborate paper on "Successful Research on Pneumonia." "Preliminary Report."

Dr. Louis Fisher of New York City read a very interesting and instructive paper on "The Early Diagnosis and Suggestions for Treatment of Poliomyelitis." Dr. Fischer profusely illustrated his paper with lantern slides.

ESSEX COUNTY.

Richard J. Brown, M. D., Reporter.

The regular annual meeting of the Essex County Anatomical and Pathological Society was held at the Board of Health Auditorium on Thursday evening, December 14, 1916.

Drs. Cook and Kirkman presented specimens showing extensive chronic edema of leg from stasis. Specimens of exophthalmic goiter were shown by Dr. H. B. Epstein; Dr. Gauch showed a case of congenital polycystic kidneys with terminal cerebral hemorrhage.

Cases of chronic suppurative nephritis, general miliary tuberculosis, and general carcinoma of stomach with perforation, were shown by Drs. Teeter, Fewsmith and Gray respectively. Drs. Lowrey and Martland then presented autopsy findings and specimens of primary of lung with case reports. The Pathology of Appendicitis was the subject of an interesting talk by Dr. Martland, illustrated with lantern slides and diagrams.

Following this the annual election of officers resulted in the choice of the following:

President, Dr. H. B. Epstein; vice-president, Dr. Carl E. Sutphen; secretary, Dr. F. C. Horsford; treasurer, Dr. John F. Hagerty. Dr. W. P. Eagleton was re-elected a trustee and Drs. F. W. Pinneo and William Gauch were also elected trustees.

Academy of Medicine of Northern New Jersey.—The section Pediatrics met December 11, to listen to a paper on "Auto-Serum Treatment of Chorea," by Dr. A. L. Goodman, visiting physician to Dr. A. Jacobi's Children's Ward in the German Hospital, New York City. He outlined the treatment and gave case reports showing the successful results of the serum.

Section on Obstetrics and Gynecology.—This section met on December 13 to listen to a paper by Dr. Hiram Vineberg, the visiting gynecologist to Mt. Sinai Hospital, New York City. He spoke at length on the Treatment of Septic Incomplete Abortion."

The election of new members followed and

Drs. Paul H. Hosp, Edgar Holden and George Blackburne were elected Fellows.

Section on Medicine—Dr. Henry H. Morton, clinical professor of Genito-Urinary Diseases and Syphilis in the Long Island College Hospital, spoke on "The Modern Treatment of Syphilis." He outlined and discussed past and present treatment and showed case reports from the Long Island Hospital. He was followed by Dr. James H. Rosenkrans who read an interesting paper on "The Historical Evidence of the Origin of Syphilis."

HUDSON COUNTY.

Paul Andreae, M. D., Reporter.

The fourth regular meeting of the Hudson County Medical Society was held on December 5th, 1916, at the Carteret Club, Mercer and Bergen avenues, President Henry J. Bogardus presiding. The regular order of business was carried out.

Dr. Alex Reingold, Hoboken, was proposed for membership and his name given to the board of censors.

Drs. J. W. Timlin, C. P. Lingle of Arlington, and Bernard A. O'Connor of Harrison were elected new members.

The discussion of clinical cases was dispensed with until our next regular meeting, which will be devoted to that subject entirely.

The paper of the evening, "New Methods in the Treatment of Fractures," was very well delivered by Dr. George W. Hawley of New York.

Dr. Hawley showed very aptly by his lantern slides and moving pictures the use of his table and simpler apparatus, how fractures should be treated. In his lecture he remarked that he had formerly relied too much on the X-ray and did not use the simpler and more mechanical methods enough. The more these methods (simpler) are used the more open reduction will diminish. It was very evident to all that, should every hospital have one of his fracture tables, the treatment of fractures would be more simple, easier and the result would be much better both to the patient and the physician.

The society voted not to have an annual banquet, owing to the lack of accommodation and the hard times that all are experiencing.

MERCER COUNTY.

Irvine F. P. Turner, Reporter.

The Mercer County Component Medical Society held its annual meeting in the Council Chamber of the City Hall, December 6, 1916. Dr. H. D. Bellis, president, in the chair. There was a large attendance. The following officers were elected for the ensuing year:

President, Edgar B. Funkhouser; vice-president, Dr. Samuel Sica; secretary, Dr. Irvine F. P. Turner; treasurer, Dr. Ira M. Shepperd; reporter, Dr. Enoch Blackwell.

A committee was appointed for the purpose of co-operating with the National Red Cross in case the services would be required along any line, and it shall be the object of that committee to take the initiative in any matter locally requiring the attention of the Red Cross Society. The members of the committee are: Drs. Funkhouser, Turner, William A. Clark, Martin W. Reddan and Charles F. Adams.

The invitation of Dr. Henry A. Cotton, medical director of the New Jersey State Hospital,

for the next meeting of the society to be held at that institution, was accepted. Dr. Frederick S. Albee, of New York, will deliver an address. Dr. Albee recently returned from service in hospitals on the European battlefields and will lecture particularly on bone surgery. His talk will be illustrated.

Following his election as president, Dr. Funkhouser announced the following appointments: Executive and program committee, Drs. Geo. R. Moore, George N. J. Sommer and Frank G. Scammell; membership committee, Drs. Harry D. Williams, Harry R. North and Rufus B. Scarlett; delegates to the State Society, Drs. M. W. Reddan, James J. McGuire, E. S. Hawke; alternates, Drs. Horace D. Bellis, Charles J. Craythorn and Edgar S. West.

Dr. Funkhouser, the new president, is a native of Virginia and graduated from Jefferson Medical College with the class of 1900 and for years past has been first assistant of the State Hospital for the Insane at Trenton.

MIDDLESEX COUNTY.

Herbert W. Nafey, M. D., Reporter.

The regular monthly meeting of the Middlesex County Medical Society was held at St. Peter's General Hospital, December 20. The president, Dr. C. A. Hofer, presiding.

The regular order of business was transacted, during which a motion was passed appointing Drs. English, Donohue and Scott a committee to revise the constitution and by-laws.

Drs. George F. Leonard and G. T. Applegate were proposed for membership and their applications were, as usual, referred to the Committee on Ethics.

Dr. B. M. Howley, of New Brunswick, addressed the society on the "New Jersey Compensation Law." He characterized it as the worst law ever handed out to medical men." It allows for the physician's or surgeon fee, all hospital expenses, X-ray photographs and whatever incidental expenses may be incurred in the treatment of the case, only fifty dollars, together with two weeks treatment. He pointed out that if the case be one which requires hospital treatment, the allowance made by the law covers only the hospital expenses for three weeks if the patient is put in the least expensive room. There is nothing remaining for the attending surgeon whose services must be given without remuneration. If additional expenses are incurred the surgeon must be responsible or depend on the patient himself. The doctor noted such accidents as compound fractures, or fractures of the large bones, extensive burn cases, foreign bodies in the eye, requiring operative treatment, amputations and similar cases, all require from one to several months of hospital care, and in these cases the attending surgeon can expect no fee under the present law.

Dr. Howley compared the New Jersey law with the present New York law. In that State provision is made for two months treatment, during which the patient receives full pay. The physician's fee is distinct from the hospital bill and there is never any conflict when he attempts to collect a reasonable fee. In addition to these liberal allowance is made to cover any necessary X-ray photographs. The doctor concluded his address by recommending that the society take the initiative in obtaining concerted action by committees from all the other

county societies, in getting the present law repealed and one enacted modeled after that of New York State.

Discussion of Dr. Howley's suggestion brought out several cases where members had been obliged to treat accident cases from wealthy corporations without any prospect of obtaining any fee whatsoever. Dr. Donohue stated that all the physicians were "In the employ of the corporations without being on their pay rolls." Dr. Gross made a motion which was seconded and carried that a committee be appointed to correspond with the State Legislative Committee which is to correspond in turn with the other county committees, advising that the the present law be repealed and a new one enacted modeled on the New York Law.

In the scientific program, Dr. Gross of Metuchen reported a case of Pott's disease operated upon at the Perth Amboy hospital by Dr. Atlee of Colonia and New York. The feature to which he called special attention was the placing of crushed fragments of bone about the implant, from which new bone would be formed. He stated that he had been in the habit of removing fragments from compound fractures, but thought on the basis of Dr. Albee's operation this should not be done.

Dr. F. M. Donohue reported the following case:

History: Girl; age, nine years. Had always been well until one month ago when she was seized with severe abdominal pain which lasted six hours, unassociated with nausea or vomiting and disappeared entirely. Three days ago she was again seized with a similar attack with the same symptoms, except that at this time the physician was able to palpate a mass in the lower right quadrant of the abdomen. Patient was sent to the hospital and an anema given with no result, except a small amount of bloody mucus. The diagnosis of intussusception was made and operation was decided upon. On opening the abdomen an intussusception of the ileum into the caecum was found. This was reduced and found to be about two feet in length. On examining the intussusceptum a small mass was felt about two feet from the into the ileum for about six inches, this was junction of the ileum with the caecum. At first it was thought to be soft foecal matter in the intestine. It did not give that sensation on palpation, however, and was found to be a Meckel's diverticulum which had intussusception into the ileum with the caecum. vb ceptioi in the ileum for about six inches, this was withdrawn and amputated.

At the time this report was made the patient was making an uneventful recovery. Dr. Donohue stated that he had been unable to find any report in the literature of a similar case, namely, an intussusception of the ileum into the caecum associated with a Meckel's diverticulum into the ileum.

MORRIS COUNTY.

E. Moore Fisher, M. D., Reporter.

At 8.30 on the evening of December 12, 1916, the regular meeting of the Morris County Medical Society was held at the Mansion House, Morristown. Dr. L. K. Henschel, president, called the meeting to order. There were about half the members of the society

present, the inclement weather preventing the attendance of those from a distance.

After the regular routine business was transacted, Dr. W. P. Thorne of Butler was unanimously elected to membership in the society. Dr. F. W. Flagg of Rockaway showed a horny excrescence recently removed from a woman's cheek.

The speaker of the evening, Dr. L. Miller Kahn, of Lebanon Hospital and Fordham University, New York City, was then introduced and read a paper on "Surgery in Children; Intussusception Hernia, Appendicitis and Peritonitis." (This paper is promised for the Journal).

The doctor opened with an historical review of the surgery in children, citing references which showed that though the subject was not a new one it had recently been considered a separate study to any extent. A brief description of the anatomical and physiological differences found in the child and the adult was given. The comparatively longer mesentery with the resulting laxness and the larger blood supply were given as the probable reasons for conditions in children than in adults as the referred pains could not be so accurately relied upon. If there was intussusception present there was usually a history of severe intermittent pain, a bloody discharge from the rectum, no passage of feces and some collapse; later a sausage-like tumor and likely a mass by restum. With the earlier symptoms one should not wait for the last two to operate and the operation should be performed as soon as the diagnosis was made.

Appendicitis and hernia should always be considered in infants who cried severely and who also vomited without any apparent cause; these classes of cases were often overlooked. Children with peritonitis should be operated upon; and if this was due to pneumococci a good result was generally obtained; those due to streptococci succumbed. Children stood operations well but should be guarded against too great a loss of body heat; they stood anesthetics well and had little after pain.

The discussion was entered into by many present, including Dr. Mills, Glazebrook, Lewis, Flagg, Johnson, Becker, J. Dean, Coultas, Horn, many mentioning cases. All agreed that early operation was desirable after the diagnosis was made but it was admitted that in many children to diagnose early a pulmonary condition from an abdominal one was almost impossible.

Dr. Kahn was given a rising vote of thanks before the meeting adjourned for supper served by Mr. Sweeney, of the hostelry.

OCEAN COUNTY.

William G. Schauffler, M. D., Secretary.

The Ocean County Medical Society held its annual meeting at Lakewood on November 22, 1916. The usual business was transacted, which included the election of officers for the ensuing year. The election resulted as follows:

President, Dr. V. M. Disbrow, Lakewood; vice-president, Dr. H. O. Willis, Beach Haven; secretary, Dr. W. G. Schauffler, Lakewood; treasurer, Dr. I. H. Hance, Lakewood; annual delegate, Dr. G. W. Lawrence, Lakewood; reporter, Dr. R. R. Jones, Toms River.

The treasurer reported all bills paid and a small balance in the treasury.

Dr. Jones reported the death on September 7, 1916, of Dr. J. Edgar Todd, of Toms River, and the secretary was directed to draw up suitable resolutions, a copy to be entered on the minutes of the meeting and one to be sent to the family. Considerable time was spent in the discussion of interesting cases.

A letter was read from Dr. William H. Iszard, councillor 4th district, regretting his inability to be present at the meeting.

PASSAIC COUNTY.

Orville A. Hagen, M. D., Reporter.

The regular monthly meeting of the Passaic County Medical Society was held November 14, 1916, at the Chamber of Commerce Rooms.

The usual order of business was postponed to give Dr. Fred H. Albee of New York the floor.

Dr. Albee gave a most interesting talk on his recent experiences in the war zone in France, following which he lectured on Home Surgery, illustrated by moving pictures, showing the method of repair of bones injured in the trench warfare, the plastic work upon the face, and Dr. Carrell's technique in clamping and treating wounds.

We who have been left out of the war by watchful waiting began to grasp a very small part of the stupendous and the glorious work done, not only by our French brothers but our own Americans working in French and English hospitals.

Following this most instructive and fascinating lecture, D. J. A. MacLay presented a case of multiple Melanotic Carcinoma of the skin.

Dr. B. W. Botbyl was unanimously elected a member of the society.

SUSSEX COUNTY.

H. D. Van Gaasbeek, M. D., Reporter.

The regular annual meeting of the Sussex County Medical Society was held at the Hotel Fanchere, Milford, Pa., on Tuesday, October 24, 1916. This meeting was made a special event, the members being asked to bring the ladies along. The following members were in attendance: Drs. Harp, Pellet, Coleman, Ayres, Wilbur and Van Gaasbeek. Dr. Thomas N. Gray, secretary of the State Society, was also present; also the following ladies: Mrs. Ayres, Mrs. Wilbur, Mrs. Coleman, Mrs. Pellet, Miss Gray, Mr. and Mrs. E. H. Evans, Ford W. Margerum and Miss Van Gaasbeek.

Dr. W. J. Harp, president of the society, called the meeting to order and the routine business was transacted. The following were elected as officers of the society for the ensuing year. President, Dr. C. M. Dunning, Franklin; vice-president, Dr. Thomas L. Pellet, Hamburg; secretary, F. P. Wilbur, Franklin; treasurer, E. Morrison, Newton; reporter, H. D. Van Gaasbeek, Sussex. Delegate to State Society, Dr. Ayres, of Branchville.

Your reporter gave an extended report of his visits to the annual meetings of the State Society and the tri-county society of Morris, Warren and Sussex.

The discussion of the symptoms, diagnosis and treatment of Anterior Poliomyelitis were opened by Dr. Thomas N. Gray and were freely discussed by all the members present. The society then adjourned to partake of a most enjoyable repast served by mine host Schol, after which Dr. Ayres of Branchville read a

very interesting paper on "Local Boards of Health."

He also introduced a resolution that a committee of three be appointed to confer with the Board of Freeholders of the county to secure if possible an appropriation for hospital accommodations for the indigent poor of the county who might be in need of an emergency or other operations. The following were appointed as such committee: Drs. Ayres, Wilbur and Van Gaasbeek.

Local Medical Societies' Reports

Bayonne Medical Society.

Edward E. Lupin, M. D., Reporter.

Regular meeting of Bayonne Medical Society held at Elks' Club-house on October 23, 1916, Dr. L. F. Donohue presiding. At end of business meeting interesting cases were discussed.

Dr. S. R. Woodruff—A young man was hit in the left lumbar region. The only symptom was hematuria. On operation the kidney was found to have been ruptured in a great many places. The kidney was removed. Boy alive and well.

Dr. Klein reported several cases of chronic skin diseases such as general eczema and psoriasis, and were greatly benefited by the use of autogenous serums.

Dr. W. H. Axford reported a series of fibromyomas in which X-ray had been used. Results have been satisfactory in most cases.

Dr. F. M. Corwin gave a ten-minute talk on Blood Pressure.

The paper of the evening was read by Dr. C. J. Larkey, entitled, "Post-Anesthetic Vomiting." The paper was discussed by Drs. Sexsmith, Woodruff, Axford and Freeman.

November Meeting.

Regular meeting was held at the Elks' Club-house on November 21, 1916, Dr. Donohue presiding. At the end of the regular meeting interesting cases were discussed.

Dr. M. A. Swiney reported two cases of post-partum hemorrhage. In one case in spite of the hypodermic use of pituitrin, aseptic ergot, packing of uterus, massage treatment were of no avail. Patient bleeding to death in ten minutes. He also reported a case of chicken-pox complicated by acute nephritis; also a case of T. B. peritonitis which was tapped several times without any result; was operated upon and is at present in good health.

Dr. W. W. Brooke reported a child five and a half months, instrumentally delivered. At the time of birth the child had a large tongue, large ears, stickly fingers. At two weeks of age thyroid treatment was started. The child is at present very much improved.

Dr. W. H. Axford reported a case of chronic appendicitis in which the patient gave typical symptoms of gall stones. An X-ray with bismuth meal—stomach and duodenum normal; appendix retained the bismuth.

Dr. E. Thum reported a case of mastoiditis in which there had been no discharge from the ear at any time. He also reported a case in which there was a necrosis of the vomer and part of the ethmoid. Specific history developed in six months.

Dr. G. H. Sexsmith reported a case of obstinate constipation. Cathartics were of no avail.

Dr. M. A. Swiney gave a ten-minute talk on the "Use of Iodine in Obstetrics."

Dr. Sexsmith read the paper of the evening on "Surgery of the Joints."

Paper was discussed by Drs. Corwin, Brooke, Axford and Donohue.

Clinical Society of the Oranges.

Walter B. Mount, M. D., Secretary.

A regular meeting of the Clinical Society of the Oranges was held on the evening of November 6, 1916, at English's Banquet Hall in East Orange, Dr. E. N. Riggins being the host. The president, Dr. S. A. Muta, occupied the chair, and the members were all present except Dr. Adams and Dr. Warner. The election of officers for the ensuing year resulted in the unanimous choice of Dr. McClellan for president; Dr. W. B. Mount was elected secretary and treasurer. It was resolved that the secretary send a report of each meeting to the editor of the Journal of the Medical Society of New Jersey. The question of enlarging the society was taken from the table and fully discussed. The paper of the evening was omitted because of the recent illness of Dr. Riggins.

Dr. Riggins reported two interesting cases. The first was that of a young woman who had been in an automobile accident and in whose hair was found a mass of hair so snarled that hours of work by a hairdresser could not disentangle it and it had to be sacrificed. The specimen was shown. This patient for three years had had an urticaria appearing in different forms, all of which had been seen in the three weeks she had been under observation. There were large wheels, six to eight inches long by two inches wide and raised from one-quarter to one-half inch, excited quickly by scratching; also a severe angio-neurotic oedema of the eyelids, which were completely closed and bluish; a multiple arthritis; and a herpetiform eruption of both legs. There was depression, intense nervousness, and a susceptibility to suggestion, for swelling of the eyelids and arthritis respectively occurred after these possibilities had been mentioned. Atropine pushed to the limit, alternating with sodium salicylate, proved helpful.

Dr. Chamberlain reported the case of a woman who had been taking potassium chlorate internally for a long time, in doses aggregating xl in twenty-four hours, because of supposed kidney trouble. The urine was normal. Three days after discontinuing the drug there appeared a typical giant urticaria, which quieted down with the administration of salicylates.

Dr. Mount mentioned a case of haemophilia to whom three doses of horse serum had been administered. A very severe urticaria followed and was relived by the injection of adrenalin chloride.

Dr. Riggins reported the case of a maid with angio-neurotic oedema appearing quickly and regularly with each menstruation, which was painful and profuse. The lesions extended from the chin to almost the knees. The possibility of a self-inflicted irritation had been suggested but seemed eliminated by careful observation.

THE JOURNAL

OF THE

Medical Society of New Jersey

JANUARY, 1917

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

DAVID C. ENGLISH, M. D., Editor,
New Brunswick, N. J.

Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL should be addressed to

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THE BOARD OF TRUSTEES.

of the Medical Society of New Jersey will meet
at the Trenton House, Trenton, on
Saturday, January 13, 1917, at 2 P. M.
A full attendance is urged as business of importance will be transacted.

Edward J. Ill, Chairman.

David C. English, Secretary.

THE NEW YEAR.

The Editor extends his heartiest good wishes to every reader of the Journal, hoping that each will enjoy an exceptionally

Happy New Year

and we suggest that every member of our Society will during 1917 unite with us in the earnest endeavor to make it the best and most successful year in the Society's and its Journal's history. We suggest that an earnest resolve be made by every member that he will do what he can to increase the interest in and the practical work of his county society. Then we urge that every reporter of a society to send a carefully prepared report of every meeting held, as soon after as possible, and we ask pardon for offering a few important suggestions.

These reports—either type- or hand-written and the former is best—should give brief outlines of papers read or cases reported, important resolutions, or other items of business as names of new members elected. If hand-written they should be very legible and exactly as they are to appear in the Journal, not slips from which the Editor is to prepare the report—it is credited to the reporter in each case—un-

less it is sent by the secretary. With the report should be sent a slip giving important personal notes, notices of marriages or deaths of members, with brief obituary notes.

A DISSERTATION ON DEPENDENCE IN TWO PARTS.

Part One

THE STATE SECRETARY'S DEPENDENCE ON COMPONENT SOCIETY SECRETARIES

Every January when the State Secretary, through the treasurer of the State Society, receives the list of members of the component societies who have paid their assessment to the State Society for the ensuing year, finds a number of names missing which were on the roster as in good standing on December 31st of the year just ended. It has been his custom to write to those thus missing, a courteous and kindly letter, in effort to keep them in good standing.

Each year he has received replies from nearly all of those written to. These letters are of five kinds. The first is from members who have totally misconceived the action of the Secretary. These are few in numbers; do not come every year and has no bearing on the subject matter of this editorial. The second class, and this is very large in numbers, is a letter of thanks; very much appreciated by the Secretary. This class also is mentioned, not as having a bearing on the subject of the editorial. It is given as one of the kind things which come a secretary's way. The third class consists of notifications of removal from the State, sometime since. The fourth class comes from one of the family of the member written to, giving information that this member has been sometime deceased. The fifth class brings information that the several writers had, during the year just passed, resigned from their several local societies.

It is a fact, needing no argument to sustain it, that the State Secretary should have immediate knowledge of every removal, death and resignation.

An equally patent fact is, that his only source of knowledge lies in the secretaries of component societies.

There is no month in the year in which the required report of the State Secretary to the Secretary of the A. M. A. is a correct roster of the membership of the State Society, because of lack of knowledge of such removals, deaths and resignations.

These reports can be made correct by immediate information from local secretaries.

In about four weeks the State Secretary will again send letters to members who have removed, are deceased, or have resigned, unless he receives information in the interim, from local secretaries of removals, deaths and resignations.

Truly the State Secretary is dependent on the local secretaries.

Part Two

THE DEPENDENCE OF NEW AND REINSTATED MEMBERS ON COMPONENT SOCIETY TREASURERS

Chapter XII., Section 1, Paragraph 3 of the By-laws of the State Society reads: Assessments for the current fiscal year of the Medical Society of New Jersey received by the treasurer of a component society from a new or reinstated member *shall be immediately forwarded* to the treasurer of the Medical Society of New Jersey, and *no member shall be considered in good standing in a component society until his assessment for the current year * * * has been paid.*

Failure on the part of so many local treasurers to "*immediately forward to the treasurer,*" and the fact that such failure keeps the "new or reinstated member," who has paid his State assessment to his local treasurer, in the "not in good standing class," are the reasons for this part of the editorial.

Just what does this "not in good standing" mean to such a member? First, if he is a subscriber to the Journal, he will not receive the Journal. Second, as a subscriber to the Journal he is entitled to medical defense, but with his State assessment not forwarded to the State Treasurer, his name will not be entered on the State roster. If sued for malpractice and applying to the Secretary for defense, he will receive word from the Secretary that, his name not being on the roster, he cannot certify him to the Judicial Council as in "good standing"—an essential to defense. Third, if such member applies to the American Medical Association for fellowship, a message comes to the State Secretary from the Secretary of that association that he has received such application, but does not find the name of the applicant on the official list of members of the Medical Society of New Jersey; and couples with this a request that his name be certified to if it is found there is an error in such official list.

To this the State Secretary has to reply that the applicant is not a member of the State Society; and has to follow this with a letter to the applicant stating the fact

that he is not in good standing, even though he has been elected a member of a component society and has paid his dues and State assessment to its treasurer.

In the year just passed a large number of instances of this kind occurred. It is a fair inference that in every instance the applicant made the statement to the Secretary of the A. M. A.: "I am a member of _____ County Society and of the Medical Society of New Jersey," in good faith. None of them know of the existence of Chapter XII., Section 1, Paragraph 3 of the By-Laws of the State Society, and so could not know that his assessment to this Society should be "*immediately forwarded*" to the State Treasurer.

Truly, the new and reinstated members are particularly dependent on the treasurers of the component societies.

This editorial is written during the closing hours of 1916. In such hours each year the mind naturally turns in retrospection over the year just finished and projects itself into the new year.

I had been asked to write an editorial for the Jan. issue of the Journal. My retrospection along State Society matters emphasized the facts given in the editorial, and my mind projecting itself into the new year, saw the opportunity in the request to bring these facts to the attention of secretaries and treasurers of component societies. My editorial is not written in a fault-finding mood, nor with carping criticism; but in a friendly spirit, with a desire to make the editorial, if critical, constructively so. In closing I wish you all a useful new year, this because a useful year will of necessity be a happy year. T. N. G.

THE SURGERY OF TO-DAY OR THE SWING OF THE PENDULUM.

To any one sensitized to true humor, some of the surgical events of the year will bring unique pleasure. We say progress, but mean, rather, change. The pendulum swings, not in the straight line, but in a spiral, and inevitably returns to about where it started, or, perhaps, a little higher. The forces of nature and her laws defy all efforts of man, whatever may be his attempts. That which he terms progress is often but another viewpoint, and, as the ancients put the "serpent of wisdom's" tail in its mouth, so do we always come back to where we began, only wiser.

In 1866 Lister, working on the researches of Pasteur, developed the doctrine of antiseptis. Research and clinical experience, particularly in Germany, developed that

which is somewhat simpler, the method of asepsis. Back again in Pasteur's country the alertness of the French mind brought forth sterilization, and for a number of years the profession has given up antiseptic treatment and aseptic care and has been sterilizing, the word having penetrated deeply into our daily nomenclature. Now comes the great war and an abundance of traumatic infected wounds, and we find that sterilization and aseptic care fail and we are back to Lister's time and the Carrel-Dakin solution, treating wounds with strong antiseptics. The biologists will tell us that nature has for all time been fighting infection with antibodies, which is but another name for antiseptics.

In ages past speculation and incomplete observation led the philosopher physician to believe in a humoral pathology of disease. The discoveries of Pasteur, Koch, and others, have centered our minds upon the effect of bacteria and other low forms of life, so much so that instead of being a hypothesis we felt we had a theory well established and settled for all time. Now come the researches with different germs, micrococcus, tuberculosis, etc., as enunciated by Adami; the discovery of filterable viruses, demonstrating that a fluid free from microbes is capable of instituting disease pathologies that were referred to the several microbes, and, as a consequence, bacteriology may have to be rewritten. Are we back again to a humoral pathology?

Before the days of laboratories the clinician very carefully studied the patient and his symptomatology, as well as what he could of the active process. He developed a keen detective sense and a remarkable mind for weighing the logical importance of symptoms and signs, obtaining an alertness and acuteness in diagnosis which seems marvellous, some of our most intricate diseases being discovered and differentiated through symptom study. Now comes the laboratory with its numerous possibilities of research—all objective, psychologically appealing—with the great tendency to ask the laboratory man what he finds, to economize in the efforts to study the case, and instead of developing diagnosticians, to make diagnosis on laboratory findings. But all laboratories have shown their incompleteness and their marked defects, diagnoses made on their findings in the main not bringing about per se better diagnoses than were made before their event.

To-day the American College of Surgeons and other large organizations are de-

manding that hospitals develop in each and every case a thorough complete history and report a physical examination, that the old-time Sydenham search into symptoms and signs be re-established, and the laboratory used to its fullest value, the keystone in diagnosis, however, being history. So again we go back, and thank the Lord.

At one time in the hospitals where we train and convert the embryonic medical students into full-fledge practitioners of various types, there were the most ideal conditions. The patient in the bed and the attending staff were the important factors to be considered, and all action taken, all monies spent, was with the one viewpoint of bettering the patient's chances and facilitating the diagnosis and treatment. The conversation of the hospital was conversation on these two factors.

Then the hospital administration began to professionalize and the superintendent became the focus of thought and purport. In some institutions all attention was directed to the board of managers, and here we were even further from the true object of the hospital: the patient and attention given to the patient. It ceased to be "what are your successes, what are your results, and how do your diagnoses work out?" but "how many pay patients have you had, are your beds working, and how is the money coming in?" Fortunately, this being an abnormal condition, it tended to strangle itself and there now seems to be a strong tendency to return to the former condition of patient and doctor.

How has all this come about? Through organization. The profession acting individually has in all ages had the bright man, the live wire, the disturber, one who was not orthodox as to the opinions of the day, who rose early in the morning and went on his job. These men through their reforms inevitably became disliked, but they made an impression. Now that our large organizations in surgery and medicine are working in co-operation for ideals, there is not that drawback which comes from antagonism of the individual, and nature will take her course through her inflexible laws, and time will bring us back to where we started, but we hope higher up and nearer the truth than ever before. G. K. Dickinson.

SESCUI-CENTENNIAL CELEBRATION; MATERNITY HOSPITALS.

We were pleased to receive the following communication from Dr. Philip Marvel, our President, which we commend to the care-

ful consideration of our members and to favorable action by the presidents of all our county societies:

My dear Mr. Editor:—Will you please allow me space in you next issue of the Journal through which to reach the members of the Component Medical Societies of the State, the purpose of which is to have each society, through a proper committee regularly appointed by its president—to be composed of five members, three in addition to the president and secretary of the society—consider ways and means for organizing and subsequently establishing a Maternity Hospital or hospitals in each county? For expeditious reasons I recommend that the various committees be appointed at the earliest date possible, and that each committee hold a sufficient number of conferences to acquaint itself with all of the material facts in its county; that each committee prepare to report through one of its members, at a conference with a similar committee named by me, to represent the State Medical Society, at which general conference the question of formulating a definite plan of organization and procedure will be considered, the recommendations of which will subsequently be presented for final action to the House of Delegates of the State Society at its next annual meeting.

In explanation of the foregoing, I wish simply to state that on June 20 to 22, inclusive, 1916, at Asbury Park, our State Medical Society at its annual meeting began the celebration of its 150th anniversary—note the statement is “began the celebration”—and to my mind this is an event of too great importance to have been finished on that occasion. A meeting of such historic import should be commemorated in a more extended way than by a short session chiefly represented in a literary and social program. Before proceeding further, let me assure the program committee and the members of the State Medical Society that I have only words of praise and commendation for the arrangements as prepared so far as they went, but with so ancient and honorable a Society, it does not seem at all out of place to extend this anniversary celebration throughout the year. Should this suggestion meet with the approval of the component societies, there are numerous ways whereby it can be made commemorative, and a goodly number of the Society's members with myself feel strongly that a history so distinguished should be perpetuated other than by simple *tabulation* in the Society's minutes, or *read* into the re-

cords by tradition. The present is our opportunity—will we accept it?

Believing most of the members feel with reference to the occasion and its importance much interested, I venture to ask their full accord and support in the matter of organizing, in the name of the Medical Society of New Jersey, and in commemoration of its 150th anniversary, the aforesaid Maternity Hospitals, to be under the supervisory recommendation of our State Medical Society. After considering numerous ways of approaching the subject in a concrete manner, and particularly by one, the work and the recording of which will leave on the mind of the present and future generations proper evidence of the motive, and the humanitarian spirit of the Society, I am impressed that nothing could be more important, nor present a more noble memorial to the history and interests of our profession, than the establishment of a series of special hospitals of the aforesaid kind. Had I the time and the opportunity to visualize the same to the members of the Society, by presenting to them the illuminating pages of past medical history, in which maternity's distress and neglect is so vividly recorded, I know full well that every voice would be raised in support of a material movement for the proposed relief and benefits to the motherhood of our State; but I have neither; therefore, as the president of our State Society, let me appeal to each and everyone of you in the interest of woman-kind; first, because of their present necessities, and, second, because of the exceptional opportunity to initiate proper activity to the end in question. Speaking for the former, namely, their necessities, nearly 20,000 mothers are dying in these United States each year, while serving the nation in the propagation of our race. Nearly three times the number of infants pass into eternity with the briefest period of life, and if we add to the already distressing numbers, the many mothers invalidated by parturition, and the infants injured during birth, what a tremendous draft a few years adds to the innumerable army of maimed and distressed mothers already in the service. Be it far from my present intention to unrestrictedly criticise our profession, but few there are who are unacquainted with the fact that less intense study, less developmental investigation and, naturally, less advancement has been achieved in the science of obstetrics in the past quarter of a century than in any other major branch of surgical treatment. Doubt-

less it is in part due to the fact that this division of the science of medicine is without definite assignment, both the "Practice of Medicine" and the "Practice of Surgery" claim it, and the result is that neither assumes the full responsibility for its shortcomings and limited advancement. Furthermore, the propagation of the species has been looked upon as a natural process of biological development, with which pathological processes and functional diseases are only incidentally associated. But we are forced in these latter times to recognize varying changes, called "Influence of Civilization," the justification of which challenges our greatest intelligence and perhaps these changes growing out of the "monster octopus"—society—rightly bear the most serious indictment. But I will not attempt in this brief article to more than merely refer to the fact of the excesses, the privations, the struggles, the disappointments, the cruelties, the punishments and finally the wrecks that ambition, mode of life, impaled habits and the enthralled orgies, etc., combined sooner or later visit upon the initiated; hence we refer to "society habits" as the vicious influence, impressing itself on succeeding generations to an extent that cannot be estimated, and directing a pronounced force in the human economy, so deleterious to natural force and function as to have proven an active factor in changing the former natural biological process into the present pathological one, which is more or less fixed upon the maternal expectant.

Broadly considered, the subject of obstetrics should no longer be a subject of controversy. The two periods—expectancy and parturition—may easily demand logical advice and rational treatment, thereby settling the present contention, namely, provide the best medical care procurable for the former, and the best special surgical skill for the latter, with the pediatricist later relieving both, of the infant responsibility. Assure mothers of the proper safety and relief they deserve, and they will much more readily assume the responsibility of the maternal function, and become the recipients of the incomparable glory of motherhood.

Surgery having advanced the science of medicine so remarkably in the past decade in both physiological and pathological discovery, and equally great in the varied technic by which mortality rates have been almost incredibly reduced in many diseases, it is not expecting too much to con-

template a similar reduction in the present obstetrical mortality records, in a reasonably short time, if a free and unprejudiced opportunity be given it, under properly organized and directed hospitals, or in special portions of hospitals, where the treatment will be under scientific and responsive direction. To those who entertain some fear that the proposed organization and direction of this branch of practice under the State Society's supervisory influence will clash, or in some way indirectly interfere with the present established hospital obstetric ward or wings, I wish to state that the purpose of the county committee is to insure a comprehensive study of the whole situation whereby the present conditions, together with the facilities and the future demands of the subject may be so satisfied in one established standard and harmonious direction that the mother's interest will be made paramount to every other consideration, and that, in the direction of the organization, provision will be made with the purpose in mind of avoiding as far as possible all situations of a conflicting character. Doing this it is evident that little or no disturbing influences need enter into such slight revisions as may be required in the present hospital organizations. If the proper spirit is initiated into the movement, and each one will forget his selfish interests and look to the higher and more ennobling results of what is desired to be obtained, nothing can retard or prevent the successful accomplishment of the object striven for.

Trusting this whole matter will be given the serious consideration its importance justifies by the full membership of the component societies, I submit the same with the feeling that the society can honor itself and advance science in no better way than in striving to accomplish the purpose and material end, very incompletely set forth in the foregoing paragraphs.

Respectfully,
PHILIP MARVEL, President.

These ought to be—and doubtless there will be—very general acquiescence in our President's views concerning the continuance, during the year, of the celebration of the splendid record of our society's 150 years of service, the recognition of which began last June, and of the adoption of some permanent memorial and future plans that shall give evidence of her continued and undying devotion to the health interests of our State and its citizens and to the welfare of humanity world-wide. This was

and is the earnest desire of the Committee of Arrangements for our Sesqui-Centennial, as will be noted in its final report. Several suggestions were made last June—a building for a permanent home for the Society; a Bureau of Medical Economics, etc. But these suggestions were not entirely satisfactory as they seemed to fail to measure up to our Society's past record of altruistic endeavor. Our President's proposition is more in keeping with that record as a profession, by showing that its members are not laboring for their own personal aggrandizement and glorification, but with sincere and earnest endeavors to exalt the profession by demonstrating that through self-denying and self-sacrificing devotion, they are the best and truest *servants* of humanity.

Dr. Marvel's proposition is worthy of the careful consideration—whatever the outcome of it may be—of our members and the committee he suggests from every county society should be appointed as early as possible. We will not now discuss the various problems to be solved during its consideration, except that of methods for preventing the continuance—or certainly of the increase of—the bestowal of *false* charity, which has crippled, and is increasingly crippling, the honest endeavors of our profession to serve humanity. The plea that our President makes for the relief and benefit of the motherhood of our State is very opportune and just, and we may add that his proposition is also a plea for the welfare of babyhood. When we consider the vast number of infants that die under one year of age—most of them within one month after birth—the saving of the babies should call forth our most-earnest endeavors. The proper pre-natal and post-natal care of the baby will not only save tens of thousands of infants and children, but will in the female portion of them, give a proper start in the physical development of the future mothers of our State. If these

COUNTY SOCIETY REPORTS.

Continued from page 34.

MONMOUTH COUNTY.

William E. Anderson, M. D., Reporter.

The annual meeting of the Monmouth County Medical Society was held in the Monmouth House, Freehold, N. J., December 19, 1916. The roll call and minutes of last meeting were read.

Then we had a recess at which we enjoyed a bounteous dinner served by our hostess and all took some part.

We returned to the parlors and had a helpful and efficient hour discussing poliomyelitis and other diseases.

Dr. Rafferty gave a very interesting talk on diseases along the "Border," which we all enjoyed.

Dr. Knecht read a paper on "Reminiscences of the Society for Twenty-five Years," which was a credit to any man.

The following officers were elected the ensuing year: President, Dr. D. E. Roberts; vice-president, Dr. H. S. Brown; secretary, Dr. L. D. Wise; treasurer, Dr. W. A. Robertson. Annual delegates to the State Society, Drs. R. S. Bennett and W. W. Beveridge; reporter, Dr. W. E. Anderson. We closed the meeting feeling that it was time well spent.

CORRESPONDENCE.

Improving Local Boards of Health.

David C. English, M. D.,

Editor The Journal

My dear Doctor: Referring to your editorial in the November number of The Journal on "Why Local Boards of Health Fail," it may interest the readers of The Journal to know that our State Department of Health is earnestly bent on developing the best means of securing rightful efficiency in the local health administration of New Jersey. As supervising member of the Division of Local Health Administration, it has been my special duty and pleasure to seek the causes and the remedies for the well recognized inefficiency now existing. Our department has recently directed two of its most experienced chiefs to visit other States and acquaint themselves with what has been accomplished, that, before undertaking measures that may require legislative action, we can benefit by others efforts and experiences.

The problem is a difficult one for practical solution, however easy it undoubtedly is to name the existing inefficiencies. Hence I favor publicity in the undertaking. Broadly speaking, the more rural a district the lower local health board efficiency; and the fundamental preventative of satisfactory administration lies in lack of sufficient funds at the disposal of each board for employing a full-time trained health officer. A territorial unit therefore for a local health board should be large enough to provide, under reasonable per capita assessment, sufficient funds to at least pay the cost of a full-time health executive, and not larger than such officer can satisfactorily handle.

It seems necessary then to secure an amalgamation of a number of local health districts—as at present existing—into a larger single district and single health board. It does not seem feasible to accomplish this under our existing health laws of the State. Before formulating statutory revisions to meet this amalgamation requisite we must make every effort to avoid half-backed ideas, to get the benefit of whatever experience other States possess, to secure laws that are broad enough, practical enough and elastic enough to meet the very variable conditions under which they must apply. While our State Department wishes to foster local health administration to the full, and is given considerable power under the law, its chief aim is to render the conditions for the needful evolution of local health administration easy and inductive to continuous improvement.

An important feature of this matter to which I specially desire to call attention is, that when

we get to where trained local health officials will be sought, we are liable to find it very difficult to secure such men; and it is none too soon for our profession to do what it can to prepare such experts.

They are scarce to-day, and I think they will be scarce for sometime after the times are ripe for their services. Ultimately the greater part of our public health work should be effected through our local health boards, laboratory as well as field work.

Respectfully yours,

Edward A. Ayers.

Editorials from Medical Journals

Newspaper Exploitation.

From the Indiana State Medical Journal.

We are quite willing to admit that occasionally a doctor's name gets into the daily papers without his knowledge or consent, but when you repeatedly see some doctor's name mentioned in daily papers in connection with medical and surgical cases, it is a safe bet that the doctor permitted or even solicited the use of his name. When a doctor's name is connected with a technical write-up of a case it is a certainty that he is responsible for the information and the privilege of using his name in connection with it. Newspaper reports not infrequently say that news concerning an operation is legitimate news for publication, but we do not believe so, and no information of any kind whatsoever concerning an operation should come from the attending physician. Furthermore, any physician who has any desire to avoid undue notoriety and the criticism of his confreres will request newspaper reporters to omit his name in connection with the write-up of any so-called medical news. There is not one newspaper reporter in a thousand who will not respect a request of that kind.

Are You "Tuberculous or Tubercular"?

From the West Virginia Medical Journal.

Distinction between the words "tubercular," "tuberculous" and tuberculosis" when used as adjectives are pointed out by the National Association for the Study of Prevention of Tuberculosis in a recent bulletin issued. Of the various words used to designate some phase or other of the tuberculosis movement, says the bulletin, the word "tubercular" is most frequently misapplied. The term "tubercular" may be used correctly only to describe conditions resembling tubercles, but not necessarily caused by the tubercle bacillus, the germ of tuberculosis.

Thus, if one says a certain individual is tubercular, he really indicates that the person has a disease process manifesting itself by tubercles or little lumps, but it is not necessarily tuberculosis. To say that the person has tuberculosis, the adjective "tuberculosis" is the correct word. It refers directly to diseased conditions caused by the tubercle bacillus. Thus, when an institution for tuberculosis recently labeled itself as a "tubercular sanatorium," it not only indicated that sanatorium was sick, but that it was sick with something resembling tuberculosis. The adjective "tubercular" should be used very infrequently.

The word "tuberculosis," the bulletin holds,

may be used correctly as an adjective, modifying sanatorium, hospital, nurse, etc. This is in accord with the common usage of such phrases as "typhoid hospital," "smallpox infirmary," etc. "Tuberculosis" may also be used as it commonly is as a noun, but the use of "tuberculosis" or tubercular" as nouns without a modifying definite article, "the," is extremely doubtful.

Since the anti-tuberculosis campaign is developing with such great rapidity The National Association for the Study and Prevention of Tuberculosis is urging all newspapers and other publications, as well as its own affiliated associations to make proper use of the words "tuberculosis," "tuberculous" and "tubercular."

Educating the Legislators.

From the Missouri State Medical Journal.

In the last session of the Legislature one of the representatives from Jasper County introduced a bill to license chiropractors to treat the sick and injured. On being questioned by members of the Jasper County Medical Society as to the bill this legislator explained that he thought the bill was to license chiropodists, admitting that he did not know the real purport of the measure he introduced.

After this experience the Jasper County Medical Society decided to invite the candidates in the recent election to a dinner for the purpose of getting their views on the subject of medical legislation and especially the chiropractor and optometry bills, which will certainly appear at the next legislative session, and to explain the attitude of the organized profession toward bills affecting public health.

The candidates from the two parties were given different evenings. The secretary of the State Medical Association was invited to attend both meetings and he spoke to the candidates and members on the aims and purposes of the organized medical profession. He showed clearly that the knowledge being constantly gained by medical science in the treatment and prevention of disease tends to a gradual reduction of the income of reputable physicians. He cited as examples what had been done in diphtheria, yellow fever, typhoid fever, malaria and the hook-worm. It was plainly shown that none of the cults, quacks, and semi-religious bodies, practicing medicine legally or illegally, is doing anything to prevent disease.

All the candidates responded heartily to the address of our State Secretary and the general impression is that the meetings were of benefit not only to the residents of the county, but also to the candidates. Much of the address of our secretary was a revelation to the invited guests and the society members had a better view of the candidates and their intentions than could be gotten at any ordinary gathering. The candidates promised to consult the Jasper County Medical Society on all public health bills.

It behooves the medical profession of this State to assist their senators and representatives at the next session of the Legislature. These men need light on medical and sanitary subjects. They can get it only from the regular medical profession.

For many years we had the aid of Drs. Allee, Lutz and Wallace in the Legislature but they are gone with their valuable experience, and a generation will hardly find their equals. The

best efforts of our profession at the next session of the Legislature will be required to prevent ignorance and avarice from taking seats beside the trained physician in the eyes of the law.

Therapeutic Notes.

Nephritis.

Borelli, in Policlinico, Rome, reports two cases of acute and one of chronic nephritis in which remarkable benefit was realized from adrenalin treatment. One patient was a child nearly five years old, the others men of fifty and sixty-two respectively. He gave the child sixteen drops a day of the 1:1000 solution of adrenalin, four drops at four-hour intervals. The adults were given forty drops a day, eight at a time. Ercolani called attention in 1910 to the benefit from Adrenalin by the mouth in nephritis, commending the harmlessness, ease and efficacy of this method of treating kidney disease, which has proved its usefulness again and again, and Borelli's experience has confirmed his statement.

Tonsillitis—Treatment Of—Dr. Bush in the New York Medical Journal advocates absolute rest in bed even in light cases of this condition, particularly since the streptococcic type of tonsillitis seems to be gaining in ascendancy, and is credited as the cause of certain types of rheumatism. Aside from the use of the salicylates, which is strongly advocated, alkaline or astringent treatment must be given the tonsils. The most rational treatment is the prompt preparation of an opsonic autoserum, and administration in proper doses, thereby affording nature a better opportunity for the production of those antibodies without which a cure is impossible. Antitoxins are nature's treatment for diseases and drugs are either accessories or mayhap impediments. It seems unnecessary to state that a brisk, but light purgative, such as Rochelle salts, should be given at the onset and low, nourishing diet maintained.

Treatment of Gout.

Dr. A. F. Chace, New York, in a paper in the N. Y. State Medical Journal, says.

For the acute attack of gout colchicum is the sovereign remedy. Thirty minims of the tincture of colchicum should be given with fifteen minims of citrate of potash every four hours until the distressing symptoms are relieved. It should then be discontinued at once, because of its depressing effect. The use of colchicum should be limited to the attack, as it has no effect on the purin metabolism at any other time and is of no value in preventing uric acid accumulations in the body. The bowels should be kept well open and large amounts of water ingested. Local applications of oil of wintergreen or menthol give great relief.

There are many preparations, of which pipirazin is a fair sample, which dissolve uric acid in a test tube, but, unfortunately, have no effect in eliminating uric acid in the body.

Dr. J. H. Pratt, Boston, in a paper on "The Diagnosis and Clinical Characteristics of Gout,"

in the same Journal, speak of "Therapeutic Tests of Diagnostic Value." He says: The prompt relief from pain, produced by colchicum in gout is so striking that many have asserted that this drug is a specific in gout. It is certainly an aid in diagnosis, as colchicum does not relieve the pain in acute rheumatism or in other conditions which may be confounded with gout. Salicylates rarely have any marked effect in controlling acute gout.

The relief of the severe pain of gout by atophan is even more striking than that produced by colchicum. Its value in diagnosis is probably less, as it often is of considerable aid in checking the pains of non-gouty arthritis.

Gouty Attack—Diet In.—Dr. L. Duncan Bulkley, New York, in discussing Dr. M. S. Fine's paper on "The Determination of Uric Acid in the Blood" at the N. Y. State Society meeting, said: I have myself had gouty attacks off and on for many years, as also several acute kidney attacks. On a number of occasions I have been promptly relieved, even without other medication, by my so-called rice diet, for a number of days, and have also used it in many other cases with great satisfaction: the idea of it is to exclude protein and purin bodies as far as possible from the diet. The diet consists of rice, butter, bread and water exclusively, three times daily for from five to seven days. The rice should be eaten hot, with butter and not with sugar and milk, and with a fork and not with a spoon, for half-an-hour or more at each meal, with great mastication. I give half a pint of water, not iced, with each meal, but not when food is in the mouth, and also half a pint of hot water, an hour before the morning and evening meal.

What Constitutes a Hygienic Diet.

The rudimentary principles of a hygienic diet are very few and very simple. They may be very briefly summed up, in the avoidance of certain physiologically intolerable combination, such as acids with starches, milk with proteids, meat and carbohydrates—or in other words; fruit with any form of food; meat with milk, fruit or cereals; free sugar in any man-made combination, acids with meals,—and in general avoid any product not grown on a tree or attached to a root. "What God has united shall man not separate," is a principle applicable not only to matrimonial relations but to every relation in which man stands to creative life.

The above mixtures, whether applied to the lean or to the fleshy, to the neurasthenic or splenetic, to the sick or to the well—are antagonistic to their very nature, and tolerable only to the extent the indulging individual has reserve forces by which to subdue the inevitable fermentations. Immunity to poisonous mixtures is in appearance only. For while a person may possess sufficient nerve strength to defy the immediate effect of a poison, the indulgence is marked by deeper but masked changes, due to the losses sustained by the system in the neutralization and elimination of the offensive products. The gradual sinking of the vital column in the barometer of life, as registered by present vital statistics, shows unmistakably that the individual is indulging in

dietetic errors that foreshortens his natural span of life.—Dr. Gibson in the Medical Standard.

Water Drinking at Meals.—Cutler, in the Boston Medical and Surgical Journal, reports that he finds that the daily consumption of about three quarts of water with meals for a period of five days, in a young man aged twenty-two years, caused an increase in weight of two pounds. The free use of water at meals, according to Cutler, seems to increase the flow of digestive fluids, to increase peristalsis, and to hasten absorption, and the fats seem to be more completely digested. Dilution does not diminish the action of the digestive juices, for the reason that enzyme action is greater (within limits) the greater the dilution. The author concludes, as a result of his clinical observation and laboratory research, that it is desirable for persons in ordinary health to drink water with meals as desired, or to the extent of two or four glasses at each meal, provided the food is well masticated.

Bichloride for Itch.—Dr. J. R. Smith, in the Medical World, says: Referring to itch, I have never had to resort to anything else but hydrarg. chlorid. corros., one dram to a quart of soft water, and moisten the skin of the affected parts as needed to relieve itching. It doesn't take long to put the little pests to sleep for good. I've used it for 20 years, and, I expect, in hundreds of cases, in all stages of itch.

Balsam of Peru in Wounds.—A ten per cent. mixture of balsam of Peru with castor oil is an excellent dressing in many cuts and wounds. The balsam exerts an especially salutary effect upon granulating wounds, and promotes healing of the wound from the bottom.

Bacillary Dysentery.—"The" remedy for acute bacillary dysentery seems to be magnesium sulphate. Wyatt-Smith says that it should be given in dram doses every two hours, and that, so used, it is a specific.—Critic and Guide.

Blood-pressure in Pneumonia.—If the blood-pressure in pneumonia is low, digitalis cannot be relied on to raise it; but aspeptic ergot given in tramuscularly can be depended on to do so. If the blood-pressure is high, small doses of nitroglycerin will slow and quiet the circulation.

Kerosene Treatment in Laryngeal Conditions.—T. M. Clayton advises the employment of kerosene in cases of laryngeal diphtheria—together with antitoxin—spasmodic croup, and so-called membranous croup in young children. The dosage is thirty minims every four hours for three doses, then ten-minim doses three or four hours daily until normal breathing has been established. The unpleasant taste of the kerosene may be disguised by sarsaparilla.—British Medical Journal.

Sparteine.—Dr. Zeigler, in the Southern Med. Jour. says: Sparteine is not a cardiac stimulant. It is a depressant to both the heart and respiration. Death, he declares is due to failure of respiration, aided by the action of the drug upon the heart muscle.

Hospitals; Sanatoria, etc.

Bridge-ton Hospital.

This hospital reported for November: Admitted, 42; discharged, 40; operations, 31; births, 1; died, 2; remaining in hospital, 18. Total days of patients, 627.

Gifts To Hospitals.

By the will of the late Mrs. Wheeler H. Peckham, N. Y. City, bequests of \$10,000 each are made to the Morristown Memorial Hospital; All Souls Hospital, Morristown; St. Mary's Free Hospital for Children, and Sea Breeze Hospital.

The Morristown Hospital has also had a bequest of \$100,000 from the late Mrs. M. W. Harkness of New York.

Bonnie Burn Sanatorium.

Dr. John E. Runnells, superintendent, reports that on November 1st there were 96 patients in this sanatorium—62 men, 34 women; during the month 22 were admitted—16 men and 6 women and of these 2 were incipient cases; 3 moderately advanced, and 17 far advanced cases. The daily average attendance during the month was 95.4.

Dover General Hospital.

Plans are maturing for the enlargement of this hospital in the near future, under the direction of President Van Golder and Dr. J. W. Farrow. Prof. W. A. Boering of the school of architecture of Columbia University, has made a survey of the present buildings and grounds and will submit plans to the hospital board.

St. Michael's Hospital, Newark.

The semi-centennial of this hospital occurs May 24th, the hospital having been opened May 6, 1867. It was established originally in a house at 103 Bleecker street, which contained thirteen beds, and where patients were cared for by two physicians, Drs. James Elliott and William O'Gorman. Within two years it was necessary to seek larger quarters and a house on High street, where forty beds were made available was occupied.

The first building in the group, now occupied at High street and Central avenue, was opened May 8, 1871, its corner-stone having been laid by the late Bishop McQuaid of Rochester, then rector of St. Patrick's Cathedral, on the feast of St. Michael, September 29, 1869. Two large additions have been made since, one in 1888-1889, the latest in 1911. The institution now has a capacity of 430 beds.

During its career of almost fifty years the number of patients who have received treatment at the hospital closely approximates the population of this city. According to the records the total number of patients cared for since 1867 has been 377,099. This total includes 88,495 persons who were confined to the institution and 288,604 treated in the clinics. At present the hospital which is operated by members of the Congregation of the Sisters of the Poor of St. Francis, treats more than 12,000 patients a year. During three years ending December 31 last the average was 11,075, the total for the period 33,226.

Mountainside Hospital, Montclair.

This hospital has established Cardiac Department. Dr. Henry Wallace of the attending staff has been appointed director and his associate, Dr. Harvey M. Ewing of Upper Montclair, who was recently appointed assistant physician to the hospital. Dr. Harold E. B. Pardee of New York has been appointed on the consulting staff as cardiologist. A Williams-Hindle electro-cardiograph is to be installed this month.

Morris Plains Hospital Thanksgiving.

Patients at the State Hospital dined on Thanksgiving Day while the hospital orchestra played. 3,500 pounds of turkey, 700 quarts of cranberries, 700 pies, 200 pounds of cheese, 500 bunches of celery, 400 gallons of coffee, etc., were provided. In the evening the medical director, Dr. B. D. Evans, made an address; moving pictures were shown and dancing followed.

Presbyterian Hospital, Nurses Graduate.

Commencement exercises of the Training School for Nurses of this hospital were held December 14, 1916, at the Roseville Presbyterian Church, when three nurses graduated. Rev. Dr. D. W. Lusk, president of the board of trustees, presided; Rev. Dr. W. J. Dawson made the address; Dr. John F. Hagerty presented the class and Dr. E. W. Sprague presented the diplomas, medals and prizes.

St. Barnabas Hospital, Newark.

The annual bazaar and dance of the Guild of St. Barnabas held recently for the benefit of St. Barnabas' Hospital netted more than \$2,200.

Stumpf Memorial Hospital.

The West Hudson Hospital Association recently practically decided to build an addition to the Stumpf Memorial Hospital in Kearny for use as a free clinic. Tentative plans call for a two-story building to cost \$5,000, which may be added to if occasion requires.

Paterson Eye and Ear Infirmary.

The thirty-third annual report of this infirmary has recently been issued, from which we gather the following:

The Executive Surgeon, Dr. Walter B. Johnson, reported that the number of new patients applying at the infirmary for treatment was greater than in any previous year; the average daily attendance has been larger and there was a slight increase in the operative procedures. The figures given are as follows:

New eye patients, 1,951; eye patients carried forward, 326; new ear patients, 462; carried forward, 93; total number for fiscal year, 1915-16, 2,942. The number of visits made by these patients for treatment was 16,786; average daily attendance, 57; number of clinics held, 298. There were 376 operations performed at the infirmary.

The total receipts including balance from previous year were \$3,422.40; disbursements, \$2,631.96; balance, \$790.44—\$500 of which was deposited in the building fund, while now amounts to \$2,500, with other investments of \$8,500.

Sanatorium Treatment.

D. E. Drake, Newfoundland, N. J. (Journal A. M. A., Dec. 9, 1916), claims that better success of modern therapeutics is due to just one simple thing—better diagnosis, and he would have every modern sanatorium have a competent body of visiting consultants, in addition to its own staff. He argues for this necessity, taking for his purpose the disorders of the digestive tract and the advances that have been made in our knowledge of them through laboratory experimentation. His conclusions are given as follows: 1. Diagnosis is the all-important factor in sanatorium administration. Sanatoriums, in addition to equipment, require a competent body of visiting consultants. 2. The relative values of diagnostic findings are as follows: 1. History; 2. Roentgen ray; 3. Physical examination. Chemical examination of the stomach contents is of little or no diagnostic value. 3. The cause of "dyspepsia" is found in the stomach itself in but 10 per cent. of all cases. 4. Constipation in seventy-five cases dated from the seventeenth to the sixty-eighth year. The group to which a patient belonged was determined by the cause underlying the constipation. 5. Intestinal toxemia is a vague definition of a definite clinical entity. It is caused primarily by toxins from the cells of the epithelium of the intestine itself; secondarily by bacteria. 6. There are three distinct types into which intestinal toxemias may be grouped, dependent probably on the degree of permanent injury done the mucous membrane of the cecocolon and on the presence or absence of mechanical intra-abdominal abnormalities. 7. Autogenous vaccine therapy is often useful as a diagnostic aid and may give brilliant results in chosen cases. 8. The group requiring surgical therapeutics, in addition to the usual sanatorium care, is rapidly growing in size and importance.

Common Sense Hospital Move.

From The Ohio State Medical Journal.

If you are interested in problems of hospital management we suggest that you read carefully the article in this issue by Mr. Howell Wright, secretary of the Ohio Hospital Association and executive officer of the Cleveland Hospital Council. He calls attention to a glaring defect in our present system of hospitalization—the entirely unsound plan of caring, at a rate less than actual cost, for patients sent in by large industrial corporations.

It is ridiculous to expect that a hospital which receives charitable funds from the community should care for accident or industrial cases at less than maintenance cost, and charge the balance to "charity." If the industrial corporations which profit under this system should install similar methods, they would be bankrupt in less time than it takes to tell it.

As Mr. Wright points out, the same applies to State Industrial Commission cases, where the hospital is expected to take what the State cares to pay regardless of the actual cost of the service.

The Cleveland Hospital Council, which represents practically all of the institutions in that city, has inaugurated a common-sense plan by which actual cost may be determined. When these figures are ascertained, the hospitals will revise their industrial rates in conformity

therewith. It is not surprising as might seem at first glance that the larger industrial concerns are found to be in sympathy with this move. These corporations operate on business principles and welcome the injection of business principles into hospital management. They have operated under the old plan in the past merely because it was not to their advantage to bring about a change, but when the hospitals took the initiative the corporation executives were quick to see the justice of the procedure. They are not asking for charity at the expense of public welfare.

The work of the Cleveland Hospital Council will be followed carefully by the officials of the Ohio Hospital Association, and an effort will be made to extend the plan to apply to the entire State. Certainly it should receive the active support of every one interested in improved hospital conditions.

Lack of Scientific Heating and Ventilation in Hospitals.

Dr. E. P. S. Miller, in a communication to the A. M. A. Journal, December 2, calls attention to this lack in several Chicago hospitals, and says:

Post-operative pneumonia is considered due to chilling the patient, but I believe the vitiated atmosphere of the operating room may have a devitalizing influence on the patient. When you consider the amount of fresh air that is necessary to keep the carbon dioxide below the safety limit, it is strange that more patients do not succumb. The operator dreads a draft of air which sends dust flying, with the chance that each particle of dust is an airplane carrying a germ as a passenger. But air can be washed, warmed and filtered and delivered and removed from rooms without dust raising, and it should be done.

Marriages.

ADAMS-THURLOW.—In Philadelphia, Pa., November 30, 1916, Dr. Thomas R. Adams of Califon, to Miss Grace Thurlow of Philadelphia.

CASALE-MODICA.—At Newark, N. J., November 29, 1916, Dr. John B. Casale, to Miss Angelina Modica, both of Newark.

NESTOR-EBERHARDT.—At Newark, N. J., November 29, 1916, Dr. Sylvester L. Nestor, to Miss Helen May Eberhardt, both of Newark.

Deaths.

ROBBINS.—At Hamilton Square, N. J., November 30, 1916, Dr. George R. Robbins, aged 67 years.

Dr. Robbins was born at Hamilton Square; was educated in the public schools there; then at the N. J. Classical and Scientific Institute at Hightstown and the N. J. Collegiate Institute at Bordentown; afterwards entered Jefferson Medical College, Philadelphia, from which he graduated in 1870; settled at Hamilton Square where he practiced medicine 33 years. He was elected county clerk of Mercer County in 1907 and was re-elected in 1912.

Personal Notes.

Dr. Fred H. Albee, Colonia, was recently elected a director of the Colonia Country Club.

Drs. Alfred Cornwell and W. P. Glendon, Bridgeton, and Harry E. Lore, Cedarville, enjoyed a week's gunning trip to West Maryland last month.

Dr. Theodore W. Corwin, Newark, was elected last month warden of St. James' Episcopal Church.

Dr. Daniel E. Drake, Newfoundland, has a paper in the A. M. A. Journal, December 9, on "A New Development in Sanatorium Treatment."

Dr. Bert Daly, Bayonne, was elected county physician by the Hudson County Board of Freeholders last month.

Dr. John W. Donges, Camden, was elected in December a vestryman of St. John's Episcopal Church, that city.

Dr. H. H. Fritts, Shiloh, medical inspector of schools, recently delivered a lecture on Hygiene at a conference of the teachers of Hopewell and Slow Creek townships.

Dr. John W. Gray, Newark, who was temporarily appointed pathologist of the Essex County Isolation Hospital, received last month permanent appointment to the position.

Drs. William F. Hoeller and F. B. Meeker, Newark, were appointed members of the Essex County Grand Jury for the December term.

Dr. Walter A. Jaquith, Chatham, was recently re-elected president of the local Board of Health.

Dr. George W. King, Jersey City, was elected by the County Board of Freeholders last month medical superintendent of the Hudson County Hospital for the Insane.

Dr. Julius Levy, Newark, director of child hygiene of the Newark Board of Health was recently voted an increase of salary from \$1,800 to \$2,400 per year.

Dr. Edward E. Peck, Caldwell, was given a testimonial dinner last month in honor of his election as mayor of the city.

Dr. Addison B. Reeder, Camden, has returned from his six weeks' stay in Florida fully recovered in health and has resumed his practice.

Dr. Henry O. Carhart, Blairstown, was drawn as a member of the Warren County Grand Jury last month.

Dr. Ambrose F. Dowd, Newark, spent the holidays with his parents at Hillsboro, N. H.

Dr. James R. English, Newark, last month went to Oxford, N. C., on a hunting trip for three weeks.

Dr. Joel W. Fithian, Camden, as administrator of a man killed by a train, secured a verdict recently for \$5,000 against the Pennsylvania R. R.

Dr. Norman S. Garrison, Rutherford, recently returned from a two weeks' vacation spent in Sullivan County, N. Y.

Dr. Ernest G. Hummel, Camden, will remove in February from Fifth and State streets to 414 Cooper street.

Dr. A. Clark Hunt, Metuchen, addressed the Women's Club of Upper Montclair recently on "The Control of Communicable Diseases."

Drs. J. and Charles L. Ill, Newark, attended the annual meeting of the Southern Surgical

and Gynecological Society at White Sulphur Springs, West Virginia, last month.

Dr. Richard C. Newton, Montclair, has a paper in the Medical Record, December 23, on "The Tuberculin Dispensary."

Dr. David St. John, Hackensack, has been quite ill since July, but we are glad to report that he is convalescing, though slowly.

Dr. Robert R. Sinclair, Westfield, has gone to Florida for the winter for his health.

Dr. George W. Tyrrell, Perth Amboy, has gone to Florida for a few weeks' stay.

Dr. Theron Y. Sutphen, Newark, and daughter spent the holidays at Newark, N. J., with the doctor's mother.

Dr. J. L. Mahaffey, Camden, has moved from 537 N. 7th street to 408 Cooper street.

Dr. Peter B. Cregar, Plainfield, who recently underwent an operation in a New York hospital, is reported as much improved and is about to return home.

MEDICAL EXAMINING BOARDS' REPORTS.

Eamined Passed Failed

Alaska, July	9	8	1
Arkansas, May	36	31	5
Illinois, June	281	230	51
Maryland, June	93	66	27
North Carolina, June	114	96	18
Oregon, July	34	24	10
Tennessee, June	148	128	20
Virginia, June	94	86	8
Washington, July	37	33	4

The Connecticut Election Board licensed one by reciprocity.

Limited Practitioners' Qualifications.—An analysis published recently of the preliminary education of 150 drugless practitioners licensed in Ohio recently under the Platt-Ellis law shows that 121, or 80.7 per cent., had less than a four-year high school education and that for 39, or 26 per cent., there was no evidence whatever of preliminary education.

Public Health Items.

Leprosy in Newark.—A case of leprosy has been reported from the Newark City Hospital. The patient, a Syrian rug peddler of Springfield, Mass., is being held in the isolation ward. He has been in this country two and a half years.

State Board Gathering Drug Samples.

The State Department of Health is planning to have its inspectors collect samples of drugs offered for sale throughout the State for the purpose of ascertaining whether pharmacists are making their preparations in conformity with the new standards embodied in the recent revision of the U. S. Pharmacopoeia and the National Formulary. These new standards became effective on September 1, 1916, and the pharmacists have now had time to dispose of old stock and make up new supplies of preparations in accordance with the new standards.

Method of Combatting Infections.—Attention is being directed more and more to the foci from which infection spreads, rather than to

the route by which it may be disseminated. The present teaching is that the control of communicable diseases can best and most reasonably be effected by taking charge of and destroying the infective organisms at the moment they leave the patient. They should not be given an opportunity to reach other individuals in such a state of virulence that they may cause disease in such individuals.—W. H. Hattie, M. D., Public Health Journal.

The Care of the Child.—At a meeting of the Oxford, England, Health and Housing Association, held in October, Sir William Osler, who presided, said that the problem of infant mortality was mixed up with the housing and drink questions. A prospective mother ought not to labor long hours in shop or factory, and he regretted the extent to which nursing mothers went out to work in the north of England. There should be antenatal and maternity clinics, systematic inspection of babies, and a thorough inspection of dairies so as to insure the purity of the milk supply.

Typhoid Mortality.—The death rate per 100,000 in some of the principal cities of the U. S. we note: Los Angeles, 4.8; Boston, 4.9; Chicago, 5.4; New York, 6.1; Philadelphia, 6.5; St. Louis, 6.6; San Francisco, 8.4; Pittsburgh, 10.3; Washington, 11.7; New Orleans, 20.9; Baltimore, 21.9. The Critic and Guide commenting on the death rates of these and other cities says:

Please note that Baltimore is at the very bottom of the list. That it has the largest typhoid mortality of any city in the United States, excelling in this respect even the Southern metropolis, New Orleans. Baltimore should be proud of her distinction.

Department of Health at Yale.—Yale University has established a department of health charged with the sanitary safety of the students' surroundings, and for the purpose of furnishing them health supervision and advice. Complete and careful medical examinations will be made of all students engaging in organized athletics, all competitors for the staff of the Yale News, the students working in the dining halls, and all freshmen. Any member of the university may consult the staff, vaccination against smallpox and typhoid fever will be provided, and students unable to pay will be taken care of at Yale Infirmary. It is said that a permanent endowment fund of \$300,000 will be needed for the department, and it is expected that this sum will be easily raised.

A Continuous Menace.—Some diseases are seasonal; some soon tire in their work, and retire to some other field; not so with consumption. The world is its field, it knows no time; all is opportunity. It feels no fear, but that of man who, it knows, could stay its ravages—if he could thoroughly realize his power and use it.—Bulletin, Newark Dept. of Health.

Smallpox Prevalent.—The United States Public Health Service reports an alarming spread of smallpox through nineteen States, during the last week of November 58 new cases being reported in Connecticut, 125 in Cleveland, 87 in North Dakota, 67 in Washington,

and 25 each in Virginia and Texas. The unusually large number of cases in Connecticut has caused some apprehension in New York City, and the Health Department is urging the vaccination of every one in the city. The last outbreak in New York occurred in 1902, and past experience has shown that a return of the disease may be expected in seven to fourteen years, probably because of the neglect during the subsidence of the disease of the precaution of vaccination.—Medical Record.

Smallpox Without Eruption.

Dr. Willoughby, health officer in the port of London, records an outbreak of smallpox among a family of ten persons who, after a visit to the Holy Land, boarded a homeward-bound vessel at Port Said, and states that it derived special interest from clear evidence of smallpox without eruption in two of the cases. The ship's quartermaster, who had taken the disease from one of the children, had as severe an attack of confluent smallpox as had ever been recovered from. Of the twelve sufferers—the family of ten, and two of the crew—two young unvaccinated children died.

Increase in Street Accidents.—The National Highways Protective Association reports that during the month of September sixty-nine persons were killed on the streets of New York, thirty-six of whom were children under the age of 16 years. Automobiles caused the death of fifty-three persons, the largest number ever recorded during one month. Trolleys killed five and wagons eleven. On the streets and highways of New York State, during the same period, automobiles caused the death of forty-one persons and trolleys one. The report for the first nine months of the year shows that 543 persons have been killed by automobiles on the highways of the State, including New York, while during the same period of last year there were 476 fatalities due to this cause.

Patent Medicines Barred From Sale in Virginia.

Upwards of 250 patent medicines, which contain enough alcohol to require for their sale the payment of a United States liquor dealer's tax, are barred from sale in this State, by the prohibition law which became effective in Virginia in November. It happened, however, that none of the prohibited drugs was made in this State.

Endemic Diseases and Mental Retardation.

Not only does the continued presence of endemic diseases entail great economic losses to communities where they prevail by reducing the physical efficiency of a great part of the population, but they are also accompanied by a similar reduction in mental efficiency. These harmful influences continue to exist because of the general lack of information so common in rural communities concerning their cause and prevention. In a number of instances it is a difficult matter to secure the co-operation of the adult population, which is set and fixed in its habits, in measures intended to improve the community health. Health supervision of school children not only gives valuable information concerning the prevalence of these conditions, but it also exercises an educational effect on the rising generation,

through whom the sanitary redemption of these communities is largely to be brought about.—T. Clark, Public Health Reports.

Tobacco Smoking by the Young Prohibited.

The Lubeck board of health placed a ban on smoking by the young in 1915. The minister of the interior of the duchy of Sachsen-Altenburg, Germany, has recently promulgated a similar decree. Explaining the reasons why tobacco smoking is injurious for the undeveloped vascular and nervous systems, the decree says that no one under 18 years of age is allowed to use tobacco in any form without consent of parents, teacher or guardian and, outside of the residence, only in their presence. The sale of tobacco in any form to persons under 18 is forbidden. Fines up to \$15 or corresponding jail terms can be imposed.

The Possibilities of Hygiene.—Certain it is that more people would practice hygiene if they could be made to realize in some vivid way how much they needed it. Few persons, even when they read and accept the statistics on the subject, really have a picture of the imperative need of hygiene as an integral part of every human life. It is not brought home to them how widespread is illness, how numerous are preventable deaths, how many are the tendencies toward individual and racial deterioration. The report of the Roosevelt Conservation Commission on National Vitality indicates that annually there are in the United States over 600,000 deaths which might be prevented if existing knowledge of hygiene were properly applied; that at least half of the 3,000,000 and more sick beds constantly kept filled in the United States are unnecessary; that the financial loss from earnings cut off by preventable disease and premature death amounts to over \$1,500,000,000 annually; and that over fifteen years are lost to the average life through the lack of application of knowledge which already exists but which simply has not yet been disseminated and applied.—Fisher and Fisk, "How to Live."

Broader Plane for Health Matters.—A meeting was held in Lincoln, Nebraska, November 9, at which committees from each medical society of the State, together with a committee from the Health Officers' conference and the secretaries to the State board of health, formulated a bill to present at the coming session of the legislature regarding the reorganization, on a broader plane of the health and sanitary matters of the State. Every principle of the bill submitted was approved by the joint committee, and a committee consisting of one member from each organization was selected to complete the new bill.

We believe such a movement in New Jersey is greatly needed. Surely our local health boards need thorough re-organization or the substitution of a single-trained health officer with an advisory board consisting of a physician versed in sanitary measures, a medical inspector of schools, a lawyer, a civil engineer and a practical business man. In counties where there are only small town we believe a trained county health officer should be employed with an advisory committee in each town or township.—Editor.

BOOKS RECEIVED.

Elementary Bacteriology and Protozoology for the Use of Nurses by Herbert Fox, M. D. (Lea & Febiger, 1916, 2nd Edition).

It requires an intimate knowledge of the subject to be able to reduce to simple language many of the known facts and principles upon which the superstructure of modern bacteriology is built, and the author has shown in this little work a commendable desire, as well as the ability to convey a very clear idea to the beginner.

The work has been placed by the publishers in **The Nurses' Text-Book Series**, and because of the manner in which the salient points of the various branches of bacteriology are brought out, covering subjects as immunity, susceptibility, transmission of infection and disinfection, it is a desirable addition to the series.

The student of medicine, or in fact the general student, and even the practitioner of medicine will find many of the chapters sufficiently interesting to serve a useful purpose in fixing in mind the important facts which in larger works on the subject are frequently lost in a maze of detail interesting only to those who require all the technicalities. The absence of foot notes or references make it necessary for the author to be more or less dogmatic in his statements. This course, however, can safely be pursued by an author with the extensive practical experience of Dr. Fox.

Richard Connolly, M. D.

American Public Health Protection by Henry Bixby Hemenway, A. M., M. D. Published by The Bobbs-Merrill Co., Indianapolis, Indiana.

Medico-Legal Items.

X-Rays as Demonstrative Evidence.—In an action for malpractice, where there was positive testimony that the plaintiff's arm was in the same condition when X-ray photographs were taken as it was when treated by the physician, it was held that such photographs were admissible in evidence notwithstanding there was other testimony as to an intervening injury to the plaintiff's arm.—*Ligon v. Allen*, Kentucky Court of Appeals, 181 S. W. 656.

Competency of Physician's Testimony.—After filing objections to the probate of the scrip purporting to be the last will of his wife, the objecting husband died, and the executor of the deceased husband, who was made a party, offered to prove by the physician who attended the testatrix immediately prior to her death that at the time she executed her will she lacked testamentary capacity. New York Code Civ. Proc. Sec. 836, relating to waiver of the privilege of a physician by enumerated persons, declares that any other party in interest may waive such privilege. The Surrogate's Court, King's County, held that the executor of the deceased husband was a party in interest, entitled to waive such privilege, for the probating of the will would affect the husband's estate, and so the testimony of the physician was competent. In *re Mele's Estate*, 157 N. Y. Supp. 67.

Emergency Pauper Case—Liability of Relative.—In actions by a physician and a hospital for reasonable value of medical and hospital care, treatment and services rendered to a dependent relative in an emergency case, there was an urgent requirement for both physician's services and hospital care, imperative and admitting of no delay. It was held by the Minnesota Supreme Court that the plaintiffs could recover from a relative, upon whom rested the statutory duty to support such dependent relative, compensation for the reasonable value of such services, even though such services were rendered without the knowledge of the relative sought to be charged.—*Tyron vs. Town of Moyer*, Minnesota Supreme Court, 153 N. W. 307.

Duty of the State to Restrain and Confine the Insane.

The United States District Court, in Pennsylvania, in denying the petitioner a writ of habeas corpus against the superintendent of the Allegheny County Home and Hospital for the Insane, says that the petitioner based his right to discharge, notwithstanding his insanity, or presumptive insanity, on the unconstitutionality of the act under which he was committed, and that therefore he was restrained of his liberty without due process of law. It appeared that he was restrained and confined in the asylum under and in accordance with the provisions of an act of assembly of the State of Pennsylvania; that this act is one of a number of acts constituting a system adopted by the State for the care of her insane; that the act, or the act to which it is supplementary, has not been declared unconstitutional, or in any respect illegal, by the courts of Pennsylvania; that these acts provide a method by which the sanity of the relator can at any time be judicially determined on his application; that it was not even alleged that at the time of his commitment, or at the time thereof, that he was sane; and it further appearing that his sanity was adjudged by a court of competent jurisdiction on a hearing on a writ of habeas corpus sued out under the act of 1883, this court concludes that he was not restrained in violation of any right guaranteed to him under the Constitution of the United States. Nothing can be clearer than the duty of the State to restrain and confine the insane, not only for their own safety and protection, but also for the safety and protection of the public. The relation between the two is that of guardian and ward. The confinement in an asylum is not of the same character as imprisonment for the punishment of an offense. It is a necessity growing out of the inability of the mentally afflicted to care for themselves or prevent injury to others. The State not only restrains the lunatic for his own protection and the safety of the public, but its duty extends so far as to include every provision known to medical skill and science for the treatment of the diseased mind. Thus the work of the State in caring for the demented within her borders is at once protective in its character and highly humanitarian. A State would indeed be derelict of its duty if it failed to make adequate provision for the care and treatment of the insane. The State is the *parens patriae* (parent of the country) of the insane.—*Hammon vs. Hill* (U. S.), 228 Fed. R. 999).

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METABOLISM, ARTERIOSCLEROSIS AND DIET.*

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There is a great division of the subject of cardiovascular-renal disease. On the one side is primary heart disease and on the other, arteriosclerosis.

By the term, arteriosclerosis, we cover the degenerative disorders of the cardiovascular-renal system. Involved in this consideration is the matter of the durability of the human machine—how long it is going to last under the strain of the use to which we put it in the business of active living. In other words, the question of the maintenance of efficiency and the prolongation of life demands our attention. This leads us necessarily to the philosophy of nutrition and again to the study of metabolism.

When we have reviewed nutrition and metabolism, the next most pressing problem that presents itself is that of diet. In contemplating metabolism, arteriosclerosis and diet, we have to get away from the conception of organic disease as the matter of fundamental importance in the great majority of those who seek counsel with regard to the restoration of their efficiency and the prolongation of their lives. We have to grasp the idea that organic disease is not primary but is ordinarily a secondary manifestation of broadly acting causes.

Metabolism is a word that is very much used by popular writers in the exploitation of a knowledge that is very indefinite. It

is necessary for us also, if we are to approach the study of metabolism in any helpful way, to acknowledge from the outset that we have very little direct knowledge about it; that the useful things that we know about it are founded upon certain ideas which we derive logically from known facts and certain things, which we find out by definite experience as we experiment with sick people with diet and observe the action of food under various circumstances.

With regard to degenerative diseases, the important matter is the metabolism of proteins. It is pretty well known that proteins are broken up in the intestinal tract into very simple compounds, which pass from the intestines to be used by the body. We know fairly definitely that waste products of protein metabolism pass off from the body in the urine. Of what takes place between the time of the absorption of the broken down protein molecules from the intestines until the reappearance of more complex molecules in the urine, we know very little.

Faced with the question as to the nature of the processes which lead to the building up of the material commonly known as "tissue protoplasm," we are at the very outset hampered and confined in our quest for accurate information by the imperfect knowledge which exists as to the very nature of the material formed.

The great fact is that we take into our bodies protein molecules derived from the animal and vegetable kingdom, molecules that have been manufactured by the life processes of these other living things. They are absorbed after disintegration from our intestinal tract and are re-constructed into protein molecules, which are characteristic of our particular bodies. This is brought about through the action of enzymes, through the contact influence of one kind of protein with another, through the office

*Paper read before Practitioners' Club, Newark, N. J., November 6th, 1916.

of the ductless glands and the internal secretions of those glands which have secretory ducts. It is very hard to understand, but the great fact remains that however dissimilar the protein molecules upon which an animal is fed, the end result of digestion metabolism is the production of flesh which is characteristic of that animal.

The curious thing is that when nitrogenous material is introduced into the body, as far as we can make out by observation, about the same amount of such material is very promptly excreted from that body. So the amount and kind of protein material that is utilized and the amount that is absolutely necessary to the human machine has been a matter of much speculation and elaborate observation. The general fact is that the amount of protein material needed to maintain the human body is very small. Only a very small per cent. of the amount usually consumed by the average individual is necessary.

When the broad statement is made that the degenerative diseases of the cardiovascular-renal system are primarily founded upon a disturbance of metabolism, we refer particularly to the disturbances of metabolism that pertain to proteins after they have been digested in the intestinal tract and while they are being digested by the individual cells. We must form a conception of a secondary digestion by which it is necessary for the flesh made up of the individual cells to take the material that has come from the intestinal tract and subject it to an infinitely more intricate process before it can be appropriated and made useful for the nutrition of the body and for the production of energy and efficiency and activity in these cells.

It is the same difference that you find in every department of life. It is the difference between destructive criticism and constructive criticism. If we consider digestion by the stomach and intestines as destructive criticism—the breaking down, splitting up and dividing of things and consider the part of metabolism that takes place outside of the intestinal tract as constructive criticism, that is, the kind that builds up, rearranges and makes useful, you see of how much more importance is the secondary than the primary digestion. And yet this secondary digestion which we often speak of as metabolism (not including stomach digestion in metabolism) is vastly more important because the processes of life and the possibilities of the integrity of the organs depend upon the meta-

bolism of the food products with relation to each individual cell.

For sometime I had devoted myself to the problem of arteriosclerosis, when I reached the conclusion that it was primarily a cellular disease involving the cells of the whole body and only secondarily involving the organs, the heart, blood vessels and kidneys. I promulgated this theory pretty generally, but professional tradition was so strong in favor of primary organic disease that it was a good while before I got very much of a hearing. However, I am happy to say at the present time a good many people agree with me that the degenerative disease, of which arteriosclerosis is the type, commences as disturbances of this intricate relationship between proteins, after intestinal digestion, and the cells of the body. Following a disturbance of metabolism, occur the organic changes which progress to the hypertrophied heart, the thickened blood vessels, contracted kidneys and so on.

A belief which I have promulgated and which has not been so generally accepted is the influence of diet on the production and cure of arteriosclerosis. It seemed to me that the metabolism failed, not with regard to the whole class of proteins but with regard to particular proteins. I found that the tradition of the human race and of the medical profession—and the popular belief of both—almost universally condemned in arteriosclerosis the cruder animal foods, like rare meat, but I found that this condemnation pertained to the quantity and not to the quality. They said, "Eat moderately of rare meat."

I found that in advanced cardiovascular-renal disease, when the kidney was badly damaged and the disease well established, both professional and lay opinion interdicted animal foods in proportion to the severity of the case. So people with very badly damaged kidneys were often put on a purely vegetarian diet. In all these dietaries milk is an exception. Milk is the only food in all nature that was specially designed for the nourishment of the human body. Every other food was picked up at random and adopted as a matter of convenience or as it has been found to be useful, but it was not made specially for the human body. Milk—human milk—and by analogy the milk of animals, was so constructed. There are very few instances—and they are very striking on account of their fewness—in which milk is harmful; this is true in spite of the fact that it is a highly nitrogenous food. Milk is an exception, and we leave

it out when we consider questions of diet.

I found as I looked over the world that there were certain people in each generation who were particularly interested in diets, that these people were very successful in treating a certain number of people—so much so that they had very often a strong following. I found as a rule that they were called cranks, and were relegated to a class of people who were lacking in judgment, and yet these people who were evident cranks on account of their one-sided belief in diets, were very much a success with a certain class of people who swore by the diet in question. I found that anybody who believed in some particular diet and made people stick to it, helped a certain number of people.

I found that people who practiced dietetics without any such profound belief were not so successful and did not get results. The cranks got results, not with everybody, but in a certain number. Some, of course, they injured—but some they helped. I remember there was a man in Fifty-ninth street named Dr. Salisbury, who cured a great number of people by putting them on an exclusive diet of raw meat. To this day you can find people who remember it, and you can go to certain fashionable restaurants and order a "Salisbury beefsteak,"—he so popularized raw meat as an article of diet. I find that a great many of the institutions are founded on dietetic principles, usually vegetarianism, and they help many people. In the same way you find "milk cures," "grape cures," and so on in any number which are used and which help a certain number.

I thought about this and tried to figure it out. I did not want to be a crank and yet I wanted to help people. It occurred to me that the whole question of diet in relation to disease must be founded on food idiosyncrasy, that is, some people are much injured by certain foods against which they have become idiosyncratic. This idiosyncrasy can often be traced to a definite origin. Sometimes it is congenital in families. I could spend the rest of the week telling you of food idiosyncrasies in families. You all have uncles or aunts or cousins who cannot eat certain foods.

The reason Salisbury helped so many people is because there are a great many people in any community who are idiosyncratic to fish or eggs without knowing it. Whenever he got hold of a person who was idiosyncratic to fish, he ordered meat alone and that person got better. Then people

said his beef helped them. It was really the exclusion of the things to which they were idiosyncratic. The great trouble with diets is that we are apt to generalize too much. We say, "Because meat is harmful to these people, it is bad for the whole human race." That is not true. It is harmless up to the point where we become idiosyncratic to it.

It seemed to me in studying the development of arteriosclerosis that I could find its origin in a great many instances in acquired food idiosyncrasies, that is, up to a certain time the man did very well as to his digestion and metabolism, but at some time in his life he had a great nervous strain or a severe illness, like typhoid fever, a severe surgical operation, a profound food poisoning or from some accidental physical knockout. Then the trouble began. One man that I often see became idiosyncratic to eggs. As a boy one Easter he gambled for eggs, won a good many and ate them all. He became very sick, and after that eggs made him very ill even in the smallest quantity. He also later developed arteriosclerosis. I knew two men who were captains on Long Island Sound. Every night the steamboats stopped and took on oysters, and they formed the habit of gorging themselves with oysters. These two men became idiosyncratic to oysters from the large quantity they consumed, and developed arteriosclerosis from which they died. So there are any number of people in whom I feel quite sure of the origin of this arteriosclerosis.

Another great source of acquired food idiosyncrasies is in periods of strain and worry. How that comes about is not easily understood, but a person may pass through a strain and from that time he is unable to metabolize certain proteins, and commences to develop this degenerative disease. There is this difficulty about acquired food idiosyncrasies, as pertaining to animal foods or proteins, and that is, there are no unpleasant symptoms of this form of idiosyncrasy. If a man is idiosyncratic to strawberries, he breaks out in a rash, and he stops eating them because he is too uncomfortable. But the food idiosyncrasies pertaining to animal proteins are subconscious and undetectable in any way of which I know.

I hope some time that bio-chemistry will so far advance that we will be able through vaccination with particular proteins to test the idiosyncrasy of a particular person to a certain protein. Such work is being done

now but up to date is very disappointing. In a few children with egg sensitiveness there is a skin reaction when they are vaccinated with white of egg. There is a very close relationship between this question of harmful food idiosyncrasy and anaphylaxis. A person can become anaphylactic to a protein that has been introduced to his body from the intestinal tract; that is a matter that has been demonstrated in the laboratory.

This food idiosyncrasy is undoubtedly in the nature of an anaphylaxis, that is, the cells of the body have been put into a condition by some accident whereby particular proteins are irritating to them. I have repeatedly seen people with advanced arteriosclerosis who while on a general diet showed all the evidences of a sort of chronic anaphylaxis—if we can use that term. Ocular symptoms, rhinitis, and general malaise were present, and when you looked at them you could see that something was working against them—as if they have taken a cold. I have seen these people, when put on a strict diet, get rid of their symptoms and feel well in every way. These things are much a matter of impression. You cannot prove them.

If what I have said is correct—if these acquired food idiosyncrasies which lead up to degenerative diseases are in the nature of an anaphylaxis—then I am correct in saying that if diet is to be of any use, it must be an absolute diet. There is little use in moderation, any more than if you had a guinea pig whom you had rendered anaphylactic to white of egg, and you were going to inject that guinea pig with white of egg to kill it. It would not matter whether you used 1/100th of a grain or a whole lot. The guinea pig would react in a poisonous way to that white of egg and would die.

In the same way people who have the arteriosclerotic condition are idiosyncratic to food, and unless you exclude the whole quantity of the harmful proteins you get no particularly good results. Moderation in the use of diet in these people is of no use. If they are idiosyncratic to meat you must cut it *all* out. If they are idiosyncratic to eggs, all eggs must be excluded; in the same way with fish. If you give them a little you keep up the irritation of the cells and the disease progresses. So the only people who get results are dietetic cranks. They withdraw all of some foods and benefit those whom their diet suits.

In practical work when a person comes

to you with high blood pressure, with involvement of the kidneys, hypertrophy of the heart and everything that goes with advanced arteriosclerosis, then you must deprive them of all the animal proteins at once. My system is very strict. I exclude all eggs, fish, meat and stock soups, and put them on vegetables, cheese, fruit, milk and bread and butter—all they want. Then I watch them and expect them to get better—and most of them do. They get rid of their cardiac pain, the blood pressure comes down to the compensatory point; they feel better and look better, being improved in every way.

After they have gone on for a while I experiment with those foods which I know are the least harmful. Here we are also guided by tradition. There is the belief that the white meat of chicken is harmless, and I find as a matter of fact that when people are tired of a strict diet they can often commence on white meat of chicken. Fat of bacon is also tolerated. If I give them chicken I give them all they want of it, because the diet of arteriosclerosis is qualitative and not quantitative.

I tried the low protein diet, measuring the proteins and calories and fussing with quantities. I never got good results and worried people a lot with very little satisfaction. The diet I use now I call the "few-protein" diet. It is founded on the theory that I have explained to you. The reason for dieting people is that they are idiosyncratic to particular foods. This diet is also less annoying. You tell the man he can have all he wants of the limited foods, and he cannot accuse you of starving him to death.

A curious thing is that very stout people, who would be supposed to gain a lot on such food, do not as a matter of fact gain very much when the stronger proteins are taken away. The body seems to make better use of the fattening foods for energy, and burns them up when it is relying on these foods exclusively. The fats are so disposed of as fuel food, and the gain in weight stops at about five pounds.

A very difficult class of people to handle are those with glycosurias. A great many people whose metabolism is so badly disordered that they have developed kidney trouble, heart trouble and hardening of the arteries often show glucose in the urine. They are not true diabetes, and the moderate glycosuria that is found in advanced kidney disease is not the same as diabetes. I always watch them and am always a little

anxious, but as a matter of fact most of them do not develop in the direction of diabetes. Every little while one of them shows a tendency to develop true diabetes. The sugar runs up in amount, the urine increases in quantity, and they get some of the symptoms of diabetes. Then of course they have to be specially treated. For the time being we have to switch a little in our diet.

I have long since gotten away from the idea that a trace of glucose occasionally appearing in the urine of a person with advanced arteriosclerosis is a contra-indication to a strict vegetarian diet. It is only when experiment has shown that that particular person cannot metabolize starch and a reasonable amount of sugar that I change the dietary. It is probable that the glucose in these people often comes from the metabolism of protein and not from the metabolism of carbohydrates. At least, we are forced to that conclusion because you cannot remove the trace of glucose that these people have by cutting down their starches.

There is one point in the dietetic treatment of disease that the patient always wishes to overlook and the physician is tempted to forget, and that is, that there is need of continuous supervision. I never prescribe a diet except between definite dates; after that my responsibility ends.

I print on my diet sheets:

"Diet to be followed from (blank for date) to (blank for date), and the diet ordered is for you for the present time and has nothing to do with the requirements of other people, or of you, under other circumstances." I am not a believer in any dietetic scheme for all comers, but I have been profoundly impressed with the results of the dietetic treatment of disease when it is continuously adjusted to individual needs. Dietetics is an art well worth cultivating, and no small part of it is in knowing how to persuade the patient to accept the dietary that you have selected.

54 West 55th Street, New York.

Surgical Judgment.—Surgical judgment means more than the knowledge necessary to make a rough diagnosis, or the technical skill to perform stereotyped operations. It implies a certain clinical experience, which enables one to weigh up the advantages or disadvantages of an operation to a particular patient, the knowledge of the risks and complications besetting such an operation, nay, more, the ability to foretell the benefits that may accrue, and the evils (if any) that may follow after.—John H. Watson, Practitioner, October, 1916.

ACUTE CONDITIONS OF THE ABDOMEN IN THE CHILD.*

BY L. MILLER KAHN, M. D.,
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The recent development of abdominal surgery in the child is most gratifying. The possibilities of surgical interference in certain acute intra-abdominal affections in the young are becoming widely realized. While only a few years ago the diagnosis and treatment of acute surgical conditions in the abdomen of the child were but slightly understood one may safely say that this knowledge is now general and is being acted upon to enormous advantage and the saving of life.

We are progressing. A look backward will convince us that we have not stood still and that with the advent of modern methods and the general advances in surgery, the surgery of childhood as a whole, and of the abdomen especially, have made great strides.

In 1860 J. Cooper Forster of London published his work of 348 pages on the surgical diseases of childhood and nowhere mentions the abdomen as the possible location of surgical disease. In 1869 Holmes, in the second edition of his large work "Surgical Treatment of Children's Diseases," says of the then radical operation for hernia, "I can hardly reconcile myself to expose the patient to an operation involving....., in my opinion, very considerable danger without some good grounds for anticipating permanent and complete success; but are there any grounds for such anticipations? I confess I cannot see them."

After admitting that reduction of intussusception by enemata was in his opinion "imaginary," Holmes proceeds, "With regard to cutting into the peritoneal cavity, I would entirely abstain from any such proposal in a case which I regarded as one of intussusception and only very exceptional circumstances should induce me to follow the idea in any case of obstruction." In the American Journal of Medical Sciences, January, 1862, a writer said that there had been no case of recovery under one year of age from intussusception. Of course appendicitis was entirely unknown. While these statements were made in the days before antiseptic surgery was an accomplished fact, when contrasted with our present slight mortality in these conditions, they

*Read at the meeting of the Morris County Medical Society, December 12, 1916.

serve to give point to the assertion that surgery in the abdomen of the child is improving. Further improvement will be brought about from two sources—eternal vigilance on the part of all physicians who are first called to treat the little sufferers, and attention to the minutest technical details on the part of the surgeons.

ANATOMICAL DIFFERENCES.

Notable differences exist in the surgical problems presented by the adult and by the child, and nowhere is the diversity more marked than in the abdomen. The complete development of the abdominal viscera is not accomplished until some years after birth, and this extra-uterine development taking place during the first few years of life marks a period of anatomical and physiological differences in the abdominal viscera of the child from those of the adult. This postnatal development continuing accounts for the frequently noted uncertainty of position of the abdominal organs in the young.

The abdomen of the child is protuberant, mainly because of the relatively large liver and the shallowness of the pelvis. This shallowness of the pelvis combined with the slight concavity of the sacrum make it necessary for the abdomen to accommodate the bladder and the upper part of the rectum when distended.

The cæcum to arrive finally in its normal place must undergo the process of migration from the left side, up to the spleen, across the abdomen and, turning at the hepatic flexure, descend to the right iliac fossa, where after rotation inwards it becomes fixed with a very short or no mesentery. In this period of change of position the mesentery of the large bowel has a considerable length and is not so fixed as to establish the permanent resting place for that viscus. The whole bowel grows in length and size. The process of migration may be and often is arrested at any point in its course accounting for the left sided, the retro-colic and the high-placed right sided appendices. The omentum in the child is very small and flimsy, and where so much help is expected from this most useful structure in the adult little protection against injury or infection is afforded by it in the child.

In the child the mesentery of the appendix is often very short (Kelly) and that portion of the appendix which extends beyond the mesentery is deficient in vascular supply. An acute inflammatory process in the appendix will accordingly cut off a relatively larger portion of the blood supply

and gangrenous perforations of large size are more likely to result. The coats of the child's appendix are also more delicate (as indeed which of his organs are not), especially the submucous coat.

The inability of the intestinal walls to resist the passage through them of micro-organisms would seem to account for the greater prevalence of pneumococcus peritonitis in the young. The persistence after birth of the mesenteric duct (Meckel's diverticulum) may cause peritoneal infection or intestinal obstruction. Failure of the normal openings in abdominal wall to close at the proper time result in hernias which may become obstructed or strangulated. Finally, obstruction is occasionally met with due to irregular peritoneal bands. It is now fully recognized that the foetal bands of Treves and Jonnesco often persist through early life, and, indeed, throughout the entire life of the adult.

It will be seen from the foregoing that both in function and structure the normal abdomen of the child has marked differences from the normal abdomen of the adult and as these differences continue to become more clearly understood the problems of abdominal surgery of the child will be the more readily solved.

THE APPENDIX.

The appendix is the most fruitful source of infection of the peritoneum and it may become the site of inflammatory changes at any age. Stettiner reports a necropsy in a child of four weeks which showed pronounced appendicitis. While appendicitis occurs most commonly after two years it is a fairly common experience to meet it in children under that age. Is "appendicitis in children a chronic disease with acute exacerbations?" Unfortunately the surgeon cannot answer that question, for he rarely sees the child in what are inappropriately called the minor manifestations of the disease. It has been contended, and with very good evidence in support, that the cramps and colics in infants and older children are mainly due to chronic inflammation in the appendix and that the acute symptoms of peritoneal irritation are merely the evidence of an exacerbation of the chronic disease. The question can only be answered by the pathologist adding his findings to carefully taken histories of a series of cases.

The diagnosis of appendicitis is the most important single fact concerning it. The history of sudden attack of abdominal pain, vomiting, abdominal rigidity, tenderness, shifting of the pain and tenderness from the

epigastrium to the right lower quadrant and a rise in temperature are the most valuable diagnostic aids. Careful distinction is to be made between voluntary and involuntary spasm of the abdominal muscles, and certain confusion will result if one does not distinguish the subjective pain and tenderness to point pressure. A mass is often to be felt in the right lower quadrant. Often there are urinary symptoms, either retention of urine or pain on micturition, particularly when the appendix is situated in the pelvis or is adherent to the bladder. Leucocytosis as an aid to the diagnosis of appendicitis has undeservedly fallen in favor. Constant use familiarizes one with its fluctuations and makes it available not only as a help in deciding upon operation, but in differentiating such conditions as kidney colic, intussusception and the like. A very high leucocytosis (40,000) warns of a possible pneumococcus peritonitis. Very valuable information is to be obtained from the observation of the pulse, its rapidity, quality and rhythm.

Owing to the uncertainty of the location of the abdominal viscera in the young one may find and must always be on the lookout for the appendix anywhere in the abdomen, especially the undescended appendix under the liver or the pelvic appendix with its masked symptoms and deceptive history. The referred pain in pleurisy and pneumonia is often puzzling. A diagnostic point of value here (Quain) may be obtained by allowing the palpating hand to rest on the abdomen; if the case be one of pneumonia the muscles will relax after the few minutes permitting the hand to sink into the abdomen. If, however, the case be one of appendicitis the resting hand meets with continued resistance, perhaps increasing the pain. The treatment of appendicitis is by operation. With the anatomical conditions in the child all favoring large perforations and considering the ineffectiveness of the omentum one readily sees the great urgency for early operation.

ACUTE INTUSSUSCEPTION.

Acute intussusception may be said to be a disease peculiar to infancy and childhood. The simplest explanation, and the one that is perhaps the most tenable for this swallowing of one section of bowel by another, is that which holds that irregular muscular contraction in the intestine acts as a foreign body and that this irregularly contracted area is therefore passed on into the succeeding loop. Then too there is the greater relative length of the mesentery and greater

freedom of the movement of the intestines.

Sudden onset of pain (screaming), shock evidenced by blanching, vomiting, blood and mucus in the stool followed by failure of the bowels to move should lead to the correct diagnosis. There is often to be felt the sausage-shaped tumor in the abdomen and there may be in advanced cases a mass felt in the rectum, but while these are valuable signs when present they are by no means essential to the diagnosis. Waiting for the sausage-shaped tumor or the mass by rectum may put the sufferer beyond surgical aid. The intermittency of the screaming is rather characteristic, as during the interval of the contractions the child may rest comfortably or indeed sleep.

INTUSSUSCEPTION WITHOUT OBSTRUCTION.

Subacute intussusception sometimes occurs in which there is an incomplete intestinal occlusion and flatus and stool are passed. In two cases I have seen there was a history of sudden onset with blood and mucous, and the pain and crying were intermittent. In this type of intussusception the symptoms are not so severe and assume a subacute form as there is no interference either with the arterial or venous circulation in the mesentery of the intussusceptum and therefore no true strangulation of the affected loop. The diagnosis is sometimes difficult to make.

A child of six years presented such a history but no mass could be felt abdominally or rectally, vomiting occurred only once in six days and the bowels moved slightly every day with enemata. There was no abdominal distension. The temperature was at first sub-normal, as it so often is in intussusception. The outstanding feature of the case was intermittent intestinal spasm accompanied by severe pain. The intestinal contractions were plainly visible through the abdominal wall. This with the history of sudden onset was sufficient to establish the diagnosis. In spite of the presence of an ileo-ileo-colic intussusception there had been no complete occlusion of the bowels nor strangulation of the intussuscepted loop. This was undoubtedly due to the great length of the mesentery. The intermittency of the spasm (crying in the young) I have come to consider an important point in the diagnosis of intussusception.

When patients suffering with intussusception are seen early by the surgeons and no time wasted on the uncertainties and vagaries of bowel inflations and injections the surgical treatment is extremely simple. The whole operation of opening the abdo-

men, reducing the intussusception and closing the wound may be accomplished within ten minutes. It is only in those patients seen late that resection must be resorted to and then usually with only a fair degree of success.

One point in the technique of the operation—the incision in the abdominal wall should always be made on the right side at the level of the tumor, and if no tumor is to be felt then with the umbilicus as its mid-point, as the intussuscepted mass is usually under the liver or in the epigastrium.

PNEUMOCOCCUS PERITONITIS.

Of peritonitis due to the pneumococcus much has been written. Since the first report of a case by Bozzolo in 1890 much progress has been made in its early recognition and treatment, but it is highly desirable that we have a biological method for ascertaining rapidly before the abdomen is opened with which organism we are dealing. If one knew in advance of opening the abdomen that the infecting organism were the pneumococcus, the general plan of immediate operation might be altered to accord with such knowledge.

The place of entrance of the pneumococcus into the peritoneum is uncertain. It may be through the bowel wall and from anatomical considerations this is likely, or through the blood stream, through the lymphatics, by direct extension from the pleura or through the tubes in the female. Most commonly there is at first a diffuse peritonitis which tends to become localized, and if the strength of the child can be maintained through the period of the diffuse peritonitis the exudate will become localized in the pelvis, the flank between the loops of intestine or under the diaphragm. The invasion of the peritoneum by the pneumococcus may be secondary to a pneumonia but may occur entirely independently of any lung involvement. There will be present the ordinary signs of peritonitis with pain, tenderness, some muscular rigidity, vomiting, and later in the disease, a doughy resistance in the abdomen. Chief among the characteristic symptoms of this condition are diarrhoea, the great prostration of the child without the correspondingly acute signs in the abdomen, and the high leucocytosis.

An exact diagnosis here is highly desirable as it would guide us in some measure as to the time of operation, but if the causative factor in peritonitis is in doubt laparotomy is imperative. If one could be abso-

lutely certain, by the aid of some biologic method, that pneumococcus peritonitis was the condition it is my opinion that it would be better to await the subsidence of the acute stage and operate in the more favorable stage of localized abscess. This policy of waiting for the acute symptoms to subside has been followed repeatedly with success.

INTESTINAL OBSTRUCTION.

Obstruction of the bowel in hernial openings is not uncommon but often the protrusion is so slight as to be overlooked. The protruding loop may become strangulated even in very small children. Reduction may generally be accomplished under anesthesia. In a child four weeks of age I was unable to reduce the strangulated bowel in an inguinal hernia, even under anesthesia, and the bowel could only be replaced within the abdomen after the internal ring was divided. The opening in the peritoneum was about the diameter of a goose quill. This case emphasizes the necessity of examining the hernial openings in cases of unexplained vomiting as the intestinal obstruction from this source is apt to go unnoticed.

As Meckel's diverticulum persists after foetal life is only 2-4% of all individuals it plays only a minor role in the abdominal surgery of the child. Becoming infected it is subject to the same changes as is the appendix and exhibits the same symptoms. Sometimes Meckel's diverticulum acts mechanically to produce intestinal obstruction. Pathologic state, due to this duct, are happily rare. In the male severe abdominal symptoms are produced by torsion of the spermatic cord. Undescended testis are also liable to cause marked abdominal disturbance. In the former there is found a swollen tender mass in the inguinal canal, while in the latter, there is noted the absence of the testis in the scrotum.

DIAGNOSIS IN THE ACUTE ABDOMEN.

In the diagnosis of the acute abdomen of the child one need scarcely consider infection of the gall bladder or perforation of gastric or duodenal ulcer, as these conditions are practically unknown. The gentle palpating hand with the child's attention elsewhere is very informing. A full urinary bladder has often obscured a possible diagnosis. No examination of a sick child is complete without a bi-manual palpation of the abdomen, that is, with one finger in the rectum and the other hand on the abdomen. "Use all gently." Referred pain in the abdomen must never be out of mind.

Practically all of the acute conditions in the abdomen of the child have a way of giving warning by sudden onset which is followed by a period of quiescence. This quiescent period lulls the child, the parent and often the physician.

Up to a certain point children stand operation well, but there is a definite limit to their resistance, and care must be exercised not to go beyond it. Vincent has called this resistance beyond which one may not safely go "the margin of safety."

Exposure of viscera, loss of blood and prolonged anesthesia affect children badly. Ether is the anesthetic of choice and preferably by the drop method. Little infants should be swathed in cotton and operated upon on a warmed table. They should be protected against the loss of bodily heat.

Nothing adds so much to the speed of an operation as knowing in advance what one is to deal with and what one will have to do. Recognizing the pathology and going immediately to it surgically without unnecessary exploration is the best way to insure success.

EUGENICS—THE SANITARY ASPECTS.*

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So very much foolishness has been written and said under the heading of "Eugenics," that one now almost feels that a discussion of the subject should be preceded by an apology. In introduction permit me to state that in no part of what I have to say to you will appear statements which might be construed as belonging to the transactions, for example, of the Jersey Cattle Breeders' Association, and throughout my remarks I hope that it will be thoroughly understood that I have no desire to put the breeding of men on a purely physical basis, neither as did the Spartans, nor yet as do your highly commendable societies for the breeding of your entirely estimable Jersey stock.

I wish then to precede the substance of my paper with my personal "credo." I believe that we may well leave the selection of mates in the future, as we have in the past, to common sense, natural attraction and old-fashioned love. I have no ambition that others should be required to marry

solely from dictates of eugenic selection any more than anyone may wish it for himself. I entirely believe that marriages should not be contracted with the breeding of vigorous children as the first and chief point to be obtained, and I believe also that marriages contracted primarily for love are much more likely to result in happy, intelligent children, who have ever, except possibly in the lower brute world, controlled and compelled the mere physically fit, than those matings essentially designed for the physical breeding of children.

My conception of what eugenics should and really can do is, after the congenial marriage, to assure that neither party shall thereby suffer from disease and that the offspring of such a marriage shall be brought into the world in the most healthful condition, mentally and physically, as possible, and particularly that the early training of these children should be such that their physical as well as their mental energies shall be best evolved and protected.

There can be no reasonable doubt or discussion but that the young man and young woman of to-day should be sufficiently informed as to their physiologic and sociologic responsibilities before the duties of parenthood are undertaken. Those who either through mental or physical defects are not justified in parenthood should be themselves made aware of this fact before this responsibility has been accepted. Whether it is practical or possible to act before this seems to me to be more of a sociologic rather than hygienic problem, hence to-day out of my field.

It would seem to me that many of the important facts of elemental physiology may very well be taught in high school or academy, and that work of this kind should be always conducted by competent authorities, i. e., by physiologists or physicians. In no instance should it be necessary to go so extensively into details of an unpleasant character such as might make this sort of instruction disagreeable.

Every physician will tell you that to-day a surprisingly large and constantly growing number of the better class of young men and women now come to the family physician before their marriage, for such examinations as are needed to insure their justification in entering marriage. It seems to me that it is unnecessary and unwise to attempt to force this very definite tendency by law, if for no other reason than because it cannot be thus enforced. The main thing is to increase the obvious tendency by en-

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couraging this increasing desire by making the steps frank, easy, simple and not too expensive. In my experience it has ever been the best types of young men and women who have applied for such information or examinations, and if properly encouraged there can be no doubt but that it will soon become the custom, then, if you like, make it a law and a requirement.

If, however, the young woman is taught during her girlhood or early adult life that improperly adjusted clothing or indolent and unhealthy habits lessen her prospects for full, happy and easy womanhood, such is my confidence in her good sense and serious mind that I think that these tendencies would be promptly and voluntarily corrected, and much more certainly than if she is simply, and without adequate explanation, told that she must do these things.

I think that I know the young man of today sufficiently well to feel that if he thoroughly understood the great danger to his prospective bride of an incurable or uncured disease, that he will take every step to assure himself that he is not tainted before marriage. Indeed, I believe that this is now the usual custom in enlightened circles. I do not think that we have the right to deny marriage, with all that it means in companionship and in pleasure of living, to the young woman since, perhaps because of some pelvic deformity she is unable to bear offspring, but this fact should be clearly and honestly presented to the man, as I hasten to say I believe it ordinarily is nowadays.

Every facility should be offered the prospective bride and groom to positively ascertain as to these matters. Where the contracting parties are unable to afford a family doctor, or where for one reason or other they have none, they should be privileged to call on State or municipal physicians. Since the absolute detection of gonorrhœa or of syphilis now implies laboratory technique of considerable complexity, but of great accuracy, these tests should be supplied from State or City laboratories, where desired, as is now the case in New York City, entirely free of charge. It would require but very slight extension of the facilities of any municipal laboratory, or for that matter of any well-equipped hospital laboratory, to complete the tests for this purpose. In addition to their present duties, at the most this would imply but a slight increase in salaries and equipment, and the matter would certainly be of great economic value to the State both because of the lessening

of disease and in the saving of many healthy children, who might otherwise become dependents on the community.

It is absurd for States to pass such utterly foolish laws as one has recently done, requiring any physician of that State to attest as to the health and freedom from venereal disease of any parties desiring matrimony, for a specified sum of money so small as not to begin to pay the cost of the test, since no examination in this respect can be in any way complete without these special laboratory tests, which require a high degree of laboratory skill, equipment, and a considerable initial expense. It should be furnished free for all who require it, but those who perform the work must be compensated properly by either the State or individual, or the value of the method is certain to be lost.

Since some of those present are not physicians, but laymen, it may be necessary to point out that a very high percentage of the diseases peculiar to women are the direct results of venereal disease, oftentimes contracted quite without knowledge on either part. This is especially true of syphilis, either inherited or acquired, which may exist in a virulent form quite without symptoms obvious to the uninitiated but yet sufficient to induce disease of a most serious or fatal nature in another, and almost certain to either cause repeated abortions or the birth of children so tainted that normal physique and mentality is absolutely not to be expected. Our insane asylums are largely filled with the results of such cases. This disease is easily diagnosticated, in many instances it is entirely curable. It is responsible for a very high percentage of secondary diseases, both of the body in general and particularly of the nervous system and mind. It can be prevented, it can be cured, and it certainly should be. Let the average individual but know this through a proper, thoroughly honest and not overdrawn propaganda, and I am certain that this test of the Wassermann reaction will be almost universally demanded, as it now is very largely by intelligent people.

Gonorrhœa is undoubtedly by all odds the most frequent cause of blindness in children. It is easily diagnosed by the examination, with certain laboratory tests, of the mother and father. It, like syphilis, may exist in so mild a type as to cause no striking symptoms, but it is readily detected when searched for, and when recognized the prevention of blindness in the infant and of grave disease in the adult is a

simple and easy matter. The suggestion has been made that only the male need be examined in these respects, but any physician realizes the absurdity of this idea, if for no better reason than because of the large number of entirely innocent infections.

The question is more than often asked the physician, may the subject of tuberculosis of the lungs marry, and if so may he or she parent children? This is a question which can be correctly answered only when all the data of the individual case are cited. If the tuberculosis is an active stage, it is unwise from the standpoint of the prospective groom or bride to marry; if the disease be arrested or cured, the answer must depend upon whether or no it can be held in this favorable state. From the standpoint of the infected mother, there is no question but that the drain of pregnancy and maternity are indiscreetly contracted and dangerous to so high a degree that in very many cases artificial interference is advisable and the termination of pregnancy imperative. While there can be no doubt whatever but that many tuberculous mothers have borne, and will bear, perfectly healthy and sound children, and that very frequently without damage to themselves, still this is against, rather than with, the rule, and cannot be counted on. We know that tuberculosis is not an inheritable disease, but we also know that a very large percentage of infants, born of tuberculous parents, suffer because of subsequent infection from the parents or because of their infected surroundings. Cattle breeders have long since shown that perfectly healthy calves may be born of tuberculous cows, but they also know that if the calf be allowed to remain with its mother, even for a short matter of hours, a very high percentage of infections result. They therefore, in these cases, immediately and permanently remove the offspring from its parent. If this may be encompassed in humans as efficiently as in cattle, and the mother is willing to take the risk with her own life and endure the necessary deprivation of the care and solace of her infant, there is no real hygienic reason why this should not be done, provided that the mother's general condition is not so depressed that, because of this alone, a defective infant is to be expected.

The stock breeder lays great stress on the care of the female during pregnancy. There are also volumes written on how to care for the cow so that after her delivery she may be able to furnish an adequate milk supply. This subject is dismissed in most textbooks

on obstetrics with but a paragraph or so, yet we all realize how very much better the chance of the child is if breast fed, rather than if brought up under the most favorable of conditions otherwise, but artificially fed.

From the very outset of her pregnancy the expectant mother should so shape her life, its exercise, rest and her diet in particular, so that she may be prepared to generate her offspring and to give her child the very much better opportunity of life which mother's milk means to a child. Not only should the physical side of the mother be carefully considered, but her mentality, and especially her happiness, rest and sleep, for these all have an undoubted influence on the nervous character or temperament of the child. Stock breeders have long recognized the importance of these regulations.

The young woman must be made to comprehend and to understand that the bearing and rearing of children is a dominant and holy function, and that while instinct teaches her much, common sense and an intelligent doctor are quite capable of teaching her more. The State should recognize and impress on its citizens that one of the greatest patriotic duties is the rearing of healthy, moral and vigorous children. The making of the citizen lies truly with the womanhood of any land; unfortunately, we must confess that the converse is also true.

But practical eugenics do not terminate with the birth of the child nor with its early months of life. The mortality rate of infancy has been very greatly lowered as a result of the control of diphtheria and the better understanding of the other juvenile infections, but chiefly through a better understanding of the problems of the early nourishment of the child. Still, we find mothers, or shall we say females, who are most illy prepared to care for children in their early years; many of them consider the tasks of child rearing beneath the dignity of the modern and emancipated woman and delegate those cares chiefly or entirely to nurses or other hired help of a greater or lesser intelligence and interest. It has always appeared to me that a striking similarity in sex and character exists between the woman unwilling to bear children and the man too proud to bear arms.

The children's hospitals are attempting to cope with this problem by the education of trained child attendants, and in many instances these have been most satisfactory. For many reasons, largely monetary, it is impossible for many, or perhaps most fam-

ilies, to supply trained nurses for their children, and even the best of these are often illy acquainted with the complexities of child psychology, and the trained child's nurse or attendant is probably thus far the most satisfactory solution of his problem. Hospitals should be encouraged to increase as much as possible the output of these women, for as it now is the demand greatly exceeds the supply.

Again, young women should be taught, if possible, that the rearing of children during their tender years is in no way a matter of indifference, nor yet is it beneath the lore of the college-bred women, nor the very best that the society leader can give. To fully train and develop the child requires a high order of intelligence, much devotion, very much time and a theoretical preparation which might well demand the very best wit and energy of the most clever of women and the most learned and dignified of institutions.

In so far as I know there is no woman's college which has thought this matter sufficiently important to include it in its course, yet a racing stud is certain to carefully pick its cleverest man for the colt's barn. There are few books dealing adequately with the problem, though I am glad to say that a few such as the work of Montessori do take up at least the mental side of these questions. but how futile this is without the physical, which is by all odds the most important and dominant problem in the early years. There is a great need for such a work by such another author as Holt whose simple little book has done more to advance the cause of real eugenics than almost any other factor in my knowledge.

It seems hardly probable that men can ever play a very important role in the rearing of children, except, perhaps, for the great influence which the devoted and patriotic father, the family physician or the astute pediatricist may and do wield, for the simple reason that in most families the earning of the living, a by no means simple though entirely essential problem, is mostly delegated to the man. Furthermore, the training of children is work for which woman, in her highest type, is singularly adapted by her family position as well as by, in the finest types, her ambitions and inclinations.

We are giving much technical training in our schools, even the woman's college gives technical courses in the handling of tools, in the care of gardens, in house decoration, in art and music. Does any of you know

of any woman's school, high or low college, technical or finishing, which gives any instruction whatever in this greatest of all women's occupations?

I am delighted to report that several private schools are now preparing to give regular courses in mothercraft. This I hail as a most happy indication of the best spirit of the times.

We have gone far past the period in our evolution when the normal, parental, nursing and juvenal care of children may be safely relegated to the occasional kindly ignorance of servants, or to such instincts as nature may plant in the mother's soul and brain, or to the usually kindly but limited teachings of a grandmother. This matter should receive the attention of the best thought that we can furnish, and if the mother is incompetent, indifferent or, as seems more usually an excuse in these days, concerned with other things, then a profession of child rearing should be instituted, taught in the technical schools or hospitals, and paid according to its importance and value to the nation if not to the parent.

In our attempts to accomplish something in this far-reaching subject of eugencies we must be careful that what we are attempting is desirable; that it really is an advance, and, secondly, that it is capable of accomplishment, *i. e.*, that it is practical.

It will be noted throughout my short paper that I have said very little about the intervention or force of the law. To many, doubtless, this seems a very serious omission, since it seems so direct and so final and conclusive a way of dealing with things. My experience and observation, however, lead me to feel that it is probably the most inefficient method of all. Our statute books are filled with laws, the intent, at least, of which is utterly ignored, for the reason that they are not supported by the desire and intelligence of the community. This has always been the result in attempts with eugenic laws.

During a large part of my life I have been, off and on, actively concerned with the problems of military hygiene. As, doubtless, some of you know, military law provides very freely for the enforcement of the rules of hygiene, supposedly backed by the most direct type of law—that of the military prison and the firing squad; but I have always found that the only way to get efficient hygiene enforced in a military camp has been to use precisely the same methods which I use in my hospital and with my students and patients; to thoroughly explain

the reason, to create an intelligent co-operation and a desire. Then, and only then, have I been able to enforce necessary measures. In a people so educationally and temperamentally undisciplined as ours, it is absolutely the only efficient way to act. It is theoretically conceivable that in certain countries accustomed by training and instinct to discipline, that spartan eugenics might be enforced, but I fancy that there are few in this audience who would care to submit, and as ever with us the breaking of the law is considered as a highly entertaining sport anyway, unless perchance it falls under the head of political expediency, so I feel that we may quite safely confess that nothing whatever is to be accomplished by law in this country, at least until we alter our ideas and utterly change our ancestors.

The methods which appear practical to me may be summarized as follows. I would spread the knowledge through schools for young men and young women that gonorrhœa and syphilis are diseases of the most serious possible nature, and that they are transmitted by contact. I should attempt to remove them from the stigma of being exclusively venereal infections, for this is untrue, and is the chief reason why no efficient method of reporting and control is yet possible. As long as this is the only aspect considered, and no accounting whatever taken of the numerous entirely innocent infections, just so long will the reporting and open observation of these diseases be a dead letter. Let it be widely known that these are infections transmitted by contact, and that they are most grave in the matrimonial state. What man would think of marriage while he is suffering from a leprosy; what woman with scarlet fever or smallpox would desire to marry until she were well? Yet these and many other contact diseases are also transmissible by sexual contact, just as are also gonorrhœa and syphilis.

Extend, then, our municipal and State laboratories so that they may be able to handle a larger amount of work, pay their workers so that good men may be retained in these positions, let it be known broadcast that these diseases are very easily diagnosable and with great accuracy, that unrecognized they cause untold misery and unhappiness, and if we thus properly educate our young men and women the resort to antinuptial examinations for disease will be as much a matter of customary routine as throat cultures for diphtheria and vaccination against smallpox.

Let the physical trainers in young women's schools, not the teachers of philosophy or Christian ethics, point out to their pupils the significance of pelvic deformities, just as men trainers show the evil effects of poorly-fitted shoes, etc. Let them teach prevention and cure in those only years when this is possible.

In our schools and colleges for young women give regular courses in child culture. Really it is quite as interesting as horticulture, and it is infinitely more important even than dancing. Let it be continually implied and taught that the rearing of children is a most difficult, important and honorable occupation, demanding the best of mind and education. Let the instructors in this branch receive salaries which will command the best talent and ability. Give our nurses in their hospital training a broader education along the same lines and including child psychology, and a long step forward in practical eugenics will have been made along lines of true progress. Let it gradually filter into the intelligence of the public that puny deformed children, sick and irritable, are as great a reproach to a mother as overt immorality, and to a man as crooked business. If the parents are incompetent or for occupational reasons unable themselves to rear their children, let it be possible for them to purchase expert care for them, but at such a price that the importance of the subject is realized. When a child culturist gets a salary equal to that of an actress, lecturer on art or a newspaper reporter, her standing and her quality will equal that of the better paid person, and not until then.

Let some dignified societies, such as yours publish a series of simple books, clearly written, and by authors whose authority and standing is unimpeachable on these subjects. I predict for them many editions, for I am an optimist and have unlimited faith in our people, and especially in our young women.

Along these lines I am convinced that practical eugenics will develop into a real science. I believe that I see this rapidly taking place now. The young women of the coming generation are, I believe, more than the equals of their mother in these respects, and outside of physicians of wide practice I think few have any conception of the frequency of the inquiries along the very lines of this subject which are propounded to every family physician by the finest of their clientele.

In spite of the agitator, of the birth controlist and other females of that type, the

great mass of our young people are proceeding upward and along lines certain to give us a more virile, more moral and a more intellectual race. Let us encourage these definite tendencies. If comforting we may legislate afterwards.

EUGENICS FROM THE PROFESSIONAL STANDPOINT.*

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Galton's eugenic program called for an attack upon the problem from the two extremes. At the lower end of the scale, the ignorant, the degenerate and defective are to be controlled by drastic laws and the mating of the unfit prohibited. This is sometimes called negative eugenics. At the upper end, intelligent people are to be prevailed upon to abstain from marriage or parenthood if they have any known transmissible defect. It has been urged by many that it is impossible to carry out the latter program. It is claimed that just as love is said to laugh at locksmiths, so it would laugh at the scientist. Men will marry whom they please, paying no attention to what may be suggested to them as possible consequences in the way of undesirable offspring. But that such a view is not correct may be seen from both the theoretical and the practical consideration. It is difficult to believe that thoughtful, intelligent men and women will deliberately act in such way as to bring disaster to the family. It is perfectly true that men will gamble and take chances, and as long as science can only say there is danger, or there is a one to four probability of such and such consequences, many people, though not all, will take the chance. But whenever our knowledge of the situation becomes definite enough so that we can say: "Under such and such conditions, if you marry you will certainly bring into the world offspring that will bring sorrow to your family," most people will refrain. This seems clear, *a priori*; but we do not have to rely upon that. Already the topic of eugenics has become so much discussed that though as yet only a small proportion of the public appreciates the problem, we already have many people either quietly refraining from matrimony or asking the advice of the pro-

fessional man as to what are the probabilities or what they should do.

Every man who is known to have given any attention to this problem of eugenics is frequently asked for advice. In this paper we shall give attention to the question, "What shall our answer be?" "What position shall we as professional men take on this momentous problem?" The answer undoubtedly depends largely upon which one of two fundamental views one takes. If one is an idealist, and considers solely the future welfare of the race, considering that the individual is as nothing in comparison, the problem is for him easy. He has only to have one simple and universal rule, which is, if there is any doubt, refrain. But for the person who tempers his idealism with a view of the practical aspect, who while thinking of the race cannot forget the individual, the answer is by no means so simple. For many people, probably it will be safe to say for most people, marriage must be considered not as luxury, but as a necessity. There is no gainsaying this view, whether we consider the matter from the biological, the sanitary, or the social aspect. It is coming to be recognized by all students that one of the saddest and most significant problems of our modern civilization is the celibate female. While we recognize that it is perfectly true that for many women it is perhaps no hardship and brings no evils in its train, yet the fact remains that enforced celibacy in the female often results in perversion of character as well as of the mental and even the physical nature. The fact seems to be that the human organism is one whose complete and perfect development includes the function of procreation, and, as often stated, we cannot thwart nature, and every attempt to do so brings disaster in one form or another. We are reminded that the sex instinct, when not allowed to function normally, often functions vicariously; and the woman who is denied the privilege of the normal specific gratifications of the sex impulse finds gratification in social, religious or philanthropic work, and thereby becomes a much more valuable citizen than would have been possible in the normal way. While this may be true, there are still no statistics to show us how small a percentage of enforced celibates attain to this happy result, nor should it be forgotten that the argument is somewhat circular, and that much of the work of these noble and philanthropic women is made by other celibate women who have not been able to thus transfer the function, and

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that if the instinct could take its normal and natural course many of the social problems would be removed. But even admitting the fact of this vicarious functioning, and that many a woman finds her satisfaction in deeds of altruism, let us not lose sight of the other part of the problem. How many lives are made miserable by this unsatisfied desire no one knows. How many innocent lives are ruined through the machinations of celibate women who, driven on by a kind of insanity, develop hallucinations which lead them to acts which destroy character and reputation is not known, though every one of us knows of instances.

In view of these facts which cannot be ignored, it is evident that we assume an enormous responsibility when we say to any individual "Thou shalt not marry." And yet there are undoubtedly many instances in which that advice is necessary, and when necessary no one should shirk his duty. But what are the circumstances under which this advice should be given? It is probably safe to formulate a general principle something as follows: In view of the fundamental nature of the sex instinct, and in view of the fact that the denial of its natural gratification may bring serious disaster, one should never deny or urge the denial of its gratification unless the conditions are such that that gratification itself would bring more serious trouble than could possibly come from the absence of such gratification.

In order to be more specific we may now consider some of the conditions under which celibacy is supposed to be indicated.

First, is consanguinity. This is not a very serious condition, first because a negative verdict here does not mean that the person may not marry, but that he may not marry his relative. This may be somewhat of a hardship, but it is not fatal. But it must be remembered that consanguinity as such is no longer regarded by the best authorities as any barrier to marriage or any violation of eugenics. Dr. Langdon-Down is quoted as saying that it is quite possible that the race might be materially improved by the judicious marriage of cousins. At least there is no evidence that there could be any possible objection to marriage in normal, healthy stock. The cases in which such procedure is contra-indicated are those in which the stock is more or less tainted with serious defect, either physical or mental. In these cases, according to the now accepted laws of heredity, the danger of the reappearance of these specific disabilities is

doubled by the bringing together of two members of the same stock.

When we turn our attention to the physical and mental disabilities and defects, we find ourselves facing a most difficult problem because of our almost total ignorance of the laws by which these various disabilities are transmitted. It is in a very small number of cases that we ever know enough about the conditions to be able to predict the result with certainty. For example, it is undoubtedly true that the marriage of the deaf with the deaf has largely increased the number of deaf persons, but it is also true that there are many instances where the deaf have married the deaf and have had hearing children. Of course we speak of congenital, and not of acquired or accidental, deafness. The explanation usually given why two hereditarily deaf persons have hearing children is that the deafness is not caused by the same condition in both parents. If it were, according to our present understanding of the laws of heredity, all the children must be deaf. For example, if one parent were deaf from congenital absence of the ear drum and the other from congenital malformation of the bones of the middle ear, we would say technically that each of these was nullplex in regard to his or her own defect, but duplex in regard to the defect of the other partner. The result would be that the children would be simplex in both of these traits, but because simplex, still normal. In many cases it is impossible to know what is the cause of the deafness. Congenital absence of the ear drum could, of course, be detected, but conditions existing in the middle ear or the internal ear are not so easily discovered, and one might easily forbid marriage on the ground of deafness of both parents when, as a matter of fact, the deafness being due to different causes in the two parents, there would be no likelihood that the children would be deaf. This illustrates what I mean when I say that the problem is difficult of solution because of our ignorance.

The same argument applies to the blind. It may apply to epilepsy, and to insanity, or in fact to almost any of the conditions that usually appear as offering at first sight a valid objection to marriage. Of course, as stated in an earlier part of this paper, it is easy for the idealist to say that it is better to take no risk, but when one faces the practical, and considers the individual, one realizes that there is an enormous responsibility. Undoubtedly the complications are much greater in some cases than others.

For example, the profession is pretty nearly unanimous at the present time on the view that epileptics should never marry, also persons who have certain forms of hereditary insanity. In many cases of doubt the family history will throw much light upon the situation.

I shall conclude this paper by a brief mention of my own special subject of investigation, the feeble-minded. This consideration invades the region of what I called at first "the lower end of the scale"—negative eugenics. These are the people who, according to our present view, should be forbidden by law to marry. In this connection it may not be amiss to raise the question as to whether this law should apply to all mental defectives. Idiots do not concern us; it is possible that they are sterile. At least they do not marry. Likewise the low-grade imbecile; but the middle and high-grade imbeciles are capable of parenthood and in the past have often married. I think we need not take any time to discuss their case. It is not hard to agree that such persons should not be allowed to become parents under any circumstances. But when we come to hereditary morons there may possibly be some other considerations that should be taken into account. In taking up these considerations I do not wish to be understood as holding any fixed views. It is simply that the whole matter is at present in a state of uncertainty due to our gross ignorance. At present we are inclined to say that no feeble-minded, including morons, should ever be allowed to marry, but there is some indication that morons, if properly trained, are useful workers along certain menial lines which more intelligent people will not undertake. If study and observation should confirm this view, it might well be that the problem of the moron is one of education that the mental level tends to be lower in the children than in the parents. In other words, morons beget morons. So the issue should not be confused by the thought that if morons marry they will have imbecile or idiot children. I must warn you that our thinking on this question is liable to be confused by the fact that the morons that we most often come in contact with are those who have become criminalistic or immoral, such as the recidivist in the juvenile court or the moron prostitute. But here again we must remember that these conditions are probably the result of wrong education and unfortunate environment, that is to say, they are due to the fact that we have not recognized that these children

were morons, and not having recognized them we have not given them the kind of training that would make the most out of them. There seems good reason to believe that once we come to recognize this grade of intelligence and understand what kind of training is adapted to these persons, we can train them so that they will be efficient workers in these menial tasks. To give a crude illustration one might say, we breed mules to do the kind of work that the horse is not capable of. Is it not possible that we are justified in allowing the breeding of morons to do the kind of work that more intelligent people refuse to do? Putting the matter still differently: We have just come upon the problem of the moron in society. We find him as a rule an undesirable citizen. We find that the condition is hereditary. Our first snap judgment and offhand solution of the problem is, let us not allow morons to propagate. But it is not always that the wisest solution of a problem is the first one thought of. May it not be that if we take a deeper look into this problem, we shall find, as already suggested that it is a problem of education rather than of eugenics? At least we ought to know the conditions and consider all of the possibilities before taking drastic action.

If it is wise to raise the question at all of the marriage of morons, it is still more a serious question in regard to the marriage of people who belong to families in which there is hereditary feeble-mindedness. The writer has had more than one inquiry of this kind. "I wish to marry a certain lady but she has a feeble-minded brother; what should I do?" Again, some will say, do not marry into a feeble-minded family under any circumstances, but according to the laws of heredity the women in question, being normal, can at the worst be only a simplex. If the man is duplex there can be no defective children, although half of them will be simplex. At the worst the man himself might be a simplex, then we will have the mating of two simplexes, the result of which will be, according to the laws of probability and the Mendelian formula, one defective of three normals, two of whom will be simplex and one duplex. In order words, the probabilities of a feeble-minded offspring are one in four. Shall we deny the right to marry, or shall we allow the man to take the chance if he so desires?

Only one thing further needs to be said. We are hearing much nowadays about birth control. If this practice becomes accepted, one can see here the solution of many dif-

faculties. If we can bring ourselves to tolerate such procedure we may say to such persons, you may marry and have all the joy of the family relation provided you have no children. In cases where it is not desirable to have any children at all, the simple operation of vasectomy solves the problem completely. The writer knows of one instance where a man afflicted with periodic insanity was refused permission to leave the hospital during his lucid periods unless he would submit to vasectomy, experience having shown that the result of his going back to his family was the production of children who were defective. After some argument the man consented to

the operation and the situation was saved.

I have not in this paper attempted to solve the problems that come to the professional man in the way of giving advice about marriage. I have merely attempted to point out the difficulties, so that we may exercise all the care possible; especially have I had in mind to impress upon all who may consider this matter, the very great and paramount necessity of further investigation. Our ignorance of these matters is profound, and if we are misled into thinking that we understand thoroughly the situation, and can give advice that is sure to be absolutely correct, we shall undoubtedly do much harm both to the individual and to society.

PROCEEDINGS OF THE New Jersey Joint Conference on Tuberculosis*

HELD IN THE BOARD OF HEALTH BUILDING, NEWARK, DEC. 5-7, 1916

(Continued from Page 27, January Journal)

On Wednesday morning, December 6, 1916, clinics were held in the Clinical Department, Board of Health, conducted by Dr. Julius Levy, Director of Child Hygiene Division, and Dr. Thomas N. Gray, Director of the Tuberculosis Division.

DEC. 6th, AFTERNOON SESSION.

Dr. Levy acted as chairman and, in introducing the speaker, Dr. Maurice Fischberg, stated that whatever theory we may adopt as to the time and manner of infection it is of value to have someone of authority and great experience to make clear to us just the time when infection begins and how extensive tuberculosis is in children. We are very fortunate in having Dr. Fischberg give us his views.

Dr. Fischberg then spoke on:
"Tuberculous Infection and Tuberculous Diseases of Children."

He began advancing as his conclusion that before a child is 10 years of age the probability is 9 to 1 that it has been infected with the tubercle bacillus and stated that for that reason he had made up his mind that it was necessary for the proper understanding of infection to distinguish it from the active manifestation of tuberculosis.

If we do not bear in mind this distinction with regard to infection and actual tuberculosis we are apt to make misleading statements and conclusions. Not long ago, 15 to 20 years' infection was looked upon as

synonymous with disease, but we have found that this is not necessarily so. Pneumonia is due to a certain bacillus—the pneumococcus—and it is an extreme probability that during the winter months from 50 to 60% of the population harbor this bacillus in their systems and yet they are not taken down with pneumonia. About 8% of children have the diphtheria bacillus in their throat. This means that they are infected that these bacilli have entered the body as it is necessary that before you can have diphtheria you must have the germ.

On investigation of 1,500 children with the view of ascertaining how many were infected with tuberculosis, 700 of them whose parents were found to be tuberculous at the age of 14, 80½% were infected. At birth nearly all were free from infection, but during the first year already some were infected. At 2 years 66% were infected and at the age of 10 about 70%. Considering that these children were living with parents who were tuberculous, I made some investigations of children whose parents were not tuberculous. Of 800 at birth, none of them were infected; at 6 months 4½% were infected; at 12 months 14%; at 10 years 69%, and at 14 years 75%. These children it is well to remember came from homes in which tuberculosis bacilli were not supposed to be present. Of the 700 children with tuberculous parents only 65 showed signs of illness and the rest of them were as well as could be expected under city living condi-

tions. Of these 65 that were sick only 3 had pulmonary tuberculosis and these three were over 10 years of age.

Under the circumstances it is apparent that infection cannot be prevented and that it comes down to a question of what kind of infection. It is estimated that about 90 per cent. of the population are infected to a greater or lesser degree. The peculiar feature about childhood infection is that the greatest danger is to infants under two years of age. Between the ages 5 and 6 there is practically no danger at all. The percentage of tuberculosis per 10,000 population is as follows for the State of New Jersey: Under 1 year, pulmonary tuberculosis, 6.8; under 2 years, pulmonary tuberculosis, 3.5; from 2-10 years, pulmonary tuberculosis, 1. On the other hand, after 15 years there is an increase in this percentage; at 19 years of age it is 5.; between 20-29, .18, and so on to old age. A child infected with tuberculosis during infancy is a great danger and it is prudent and foresighted to exercise all care to ward off danger of infection during that age period as the tuberculosis developed is frequently of the bone, joint and gland type. However, infection is inevitable at some time in life.

We have observed in our experience in 200 families where husband and wife even in half the cases shared the same bed that it was extremely unusual for a husband to be infected by his tuberculous wife or vice versa. You will be amazed to note that the percentage in these cases was but $2\frac{1}{2}\%$, while that for the general population is about 7%. From these facts, in my opinion, it would be quite unfortunate if children did not come into contact with tuberculosis. This is demonstrated by the unusual mortality from tuberculosis among Esquimos, who readily succumb to the disease when they leave their native regions where the tuberculosis bacillus is not common. Their deaths are frequently ascribed to pneumonia, dissipation or other causes when in reality they die from tuberculosis. The same holds true of the American Indian who before the advent of civilization was never known to die or suffer from tuberculosis, and furthermore that the form of tuberculosis they succumb to is the mild form such as is present in childhood infection. I advocate a campaign of prevention among children in infancy and I would state that a great deal has already been achieved in this direction, as illustrated in my own work in New York City.

However, our activities in this respect do

not compare well with those of the German Sanatoriums and Preventorium. I have found that with characteristic efficiency Germany has reduced its infant mortality and morbidity in recent years, or at the least has kept the figures stationary, while in this and many other countries there has been an increase in the deaths resulting from tuberculosis among infants. As Oliver Wendell Holmes said one should begin with the grandfather in bringing about reform, but as this is not feasible, I believe that marriage of tuberculous persons should not be absolutely prohibited, but that they should be denied the right of procreation, as the danger arising to both mother and child during the period of lactation, not to speak of prenatal dangers, had the almost certain probability of a fatal result, as evidenced by figures, 16% of the children of tuberculous mothers succumbing to tuberculous meningitis. Whenever a child is born of tuberculous parents the health and life of the child should be safeguarded by prompt removal.

Summing up my remarks I give it as my conclusions that infection cannot be avoided, that infection is not synonymous with the disease itself as actively manifested, that a policy of prevention should be adopted for the first two years of the life of the child, after which tuberculosis infection is not of great consequence to the child and may even have a benevolent effect as an immunizing agent against the disease.

Dr. T. N. Gray taking up the immunity theory advanced by Dr. Fischberg in the tuberculous infection of children took issue with the "benevolence" idea of the infection; he believed that frequently infection takes place developing the latent type of the disease, which at a later period develops lesions and these cases become our open cases of tuberculosis. The mere fact of infection in the opinion of the doctor does not grant immunity, it must be an infection overcome. He also made a strong advocacy of the necessity of separating children from open cases of tuberculosis in homes and urged that more sanatorium facilities be provided to take care of all open cases of the disease.

Dr. Fischer stated that he differed with Dr. Fischberg in his statement that but rarely do husband and wife contract tuberculosis by direct infection from each other. His experience has been quite the contrary and autopsies also demonstrated that infection was caused among adults in that old cicatriced lesions were found together with new and recent tuberculous processes.

In replying Dr. Fischberg stated that the subject was one of vast importance and scope and that he could speak definitely only upon his experiences as he found them. He was aware that many scientists held that tuberculosis was never curable and that once a tuberculous process had set up within the system it was impossible to eradicate it completely by curative measures. With regard to infections of adults bearing the relation of husband and wife he stated that the fact that they suffered simultaneously from the disease proved nothing. It merely showed coincidence in point of time. He would not go on record as denying that infection of both husband and wife was precluded, but that he had found that infection was present in this class of patients in but $2\frac{1}{2}\%$ as against 7% in a general population. This fact, he stated, seemed to bear out his claim that infection from wife to husband or husband to wife was not general.

Dr. George J. Holmes was then introduced and spoke on:

"School Hygiene As It Relates To Tuberculosis."

At the risk of incurring your displeasure I will make a few remarks. I have enjoyed very much listening to the various speakers. For a number of years past, since I have had any connection with the Board of Education, I have felt that there was a large field of usefulness put to good purpose for keeping down the prevalence of tuberculosis.

I would like to show in a few minutes the important place that the school board takes in this fight against tuberculosis. I do not know of greater opportunity offering itself than the Public School system for educating our coming generation as to the means of preventing tuberculous diseases. It is true that we have had little to do with open cases of tuberculosis—manifest cases among children of school age. We have, however, created an open-air school for just such cases. There are on roll there 45-47 pupils who have been diagnosed as open cases. Of course, that is not exactly true. I am willing to allow them to go on for the simple reason that they are under ideal conditions and are benefited. There was only a small percentage that could strictly be called open cases, and there were only two deaths in that school.

You will see that the open cases as far as our problem is concerned is a very great problem. Lower the scholar's resistance

and if he is to reach manhood he must have his physical condition improved to such an extent that he can overcome infection and survive. The public school offers fine opportunity for increasing immunity or aiding a pupil who is infected to overcome that infection and become a useful citizen and member of society. We have as a means of preventing this disease the open-air class room. We have a Board of Education that will not build a school without an open window room to act as an infirmary for bringing to normal those who are subnormal and there is not a large school in any city that cannot supply a number of pupils who are under weight, recovering from contagious diseases or who are subnormal physically. Such are placed in the open-air classroom. We do not demand as a condition to their admittance to this class room that they should be infected. We feel that if they are subnormal it is our business to build them up. It is surprising to note the improvement taking place among the children enrolled in the open-air classes. They put on weight rapidly, their appetites improve and in fact they gain in weight more quickly than healthy children. This may be due to the fact that the changed conditions for tuberculous children produce a greater activity of the vital processes than in normal children.

Do not forget physical instruction. Calisthenic exercises. Organized play is a big factor in bringing the child up to a normal condition physically and improving his chances for remaining immune from actual sickness. Educate the pupils concerning personal, home and school hygiene. You have audiences. All you need is speakers. The school nurse is one of the most important agencies for carrying the lessons of hygiene into the home, for obtaining family history, personal history, surroundings, etc. 31,500 home visits were made last year for this purpose by school nurses.

Dr. Elmer G. Wherry, chairman of the Child Hygiene Committee of the Board of Health, was introduced and read the following paper:

"Increased Resistance, or the Relation of Early Nutrition To Tuberculous Disease."

Tuberculosis presents a social rather than a medical problem.

In the treatment of the diseased individual we have no specific remedy such as antitoxin in diphtheria or quinine in malaria.

To prevent the disease we have no vacci-

nation to produce immunity such as we have in smallpox or typhoid.

The disease is so prevalent that the great majority of persons in every civilized community have been infected in some form. The resistance to the disease is happily so great in most individuals, that only a minority succumbs but this minority is greatly in excess of what it should be. What then may be done to increase the resistance to the disease?

The problem is so simple when squarely faced that it resolves itself into the exercise of what perhaps, is erroneously termed, "common sense" and yet is so complex that it baffles the best efforts of our leading scientists.

The common sense method would be to breed and care for men as we now breed and care for animals. The Greeks did this and no nation has ever surpassed the Greeks in the development of physical and mental perfection. In literature, art and civilization they have never been approached. They neglected the sick and feeble and paid all their attention to the well. We, on the other hand, are prone to neglect the well and care for the sick.

Surely the Greek method is the more sensible, but it didn't succeed because the Greeks with all their culture and refinement developed cruelty and immorality.

Why cannot we combine the good points, in the Greek method so as to harmonize with the humanitarian instincts of the present century?

Let us care for the well but not neglect the sick.

To properly care for all the people we must not only try to ameliorate the condition of those afflicted with the disease but we must stamp out the disease itself.

To do this we must start before the individual predisposed to the disease is born.

I am enough of a believer in eugenics to consider perfectly proper, the prevention of marriage, where either of the contracting parties is suffering from drunkenness, syphilis, tuberculosis, idiocy, insanity or any form of disease which, whether communicable or not, predisposes to poverty and improper care of the family.

Poverty is practically the sole predisposing cause of tuberculosis whether it be a state of being poor in money or knowledge, or judgment, or whether it be what has been termed physiologic poverty, a state of being poor in disease resistance.

Tuberculosis begins in infancy. It is an acquired disease in all but a few cases, but

the predisposition to the disease is often inherited. The children of consumptives, drunkards or syphilitics are born poor whether their parents are rated in Bradstreet or not.

If in addition to being born physiologically poor, infants are brought up in a tuberculous environment their chances of escaping direct infection are slight.

The object of this paper is to point out the importance of early nutrition in producing increased resistance to disease.

Everything that has been said or will be said in this conference, in regard to the proper prevention of tuberculosis, will apply equally to the proper nutrition of the infant.

Healthy parents, suitable housing conditions, fresh air, sunlight, sanitary factories and work shops, suitable man labor, women labor and child labor laws, the cleanliness of our streets, the medical supervision of our schools, the supervision of the milk supply and a thousand other things that quickly and naturally present themselves to all of us, are essential.

All of these subjects have an important bearing upon the proper nutrition of the infant but I will simply mention them in passing as they will all be carefully presented before this conference.

We are prone to place the blame for the prevalence of tuberculosis entirely too much on ignorance. We are not ignorant, as to the cause of the disease, nor the proper method of prevention; it is not ignorance but indifference and lack of courage that is holding us back.

We may have to change the viewpoint of the public slightly, before much can be accomplished, but the public is in a receptive mood and is quick to learn.

The specific things I would recommend in order to increase the resistance to tuberculosis in infants are:

First—The prevention of marriages between the physically and mentally unfit.

Second—The enactment and enforcement of laws which will prevent the employment of women in factories or work shops for a period of at least one month prior to, and three months after child birth.

Third—The establishment in all factories, where nursing women are employed, of a suitable nursery for infants and an opportunity for each mother so employed to nurse her baby at regular intervals.

Fourth—The establishment of prenatal clinics.

Fifth—Increased accommodations in our public hospitals for obstetrical cases.

Sixth—The establishment of convalescent homes where women recovering from child birth may receive proper care and at the same time be taught the principles of domestic science, such as cooking, cleanliness, the care of infants, etc.

Seventh—The establishment of Little Mothers' Leagues in all public and parochial schools.

Eighth—The strictest possible supervision of the municipal milk supply.

Ninth—The liberal expenditure of money in aiding the poor to support their families and to keep well, rather than the expenditure of the same amount to cure the sick, support criminals, paupers, drunkards, idiots and the insane.

Tenth—To teach the ignorant that it is better to raise one or two children properly than to have more than can be taken care of. It is well known that the later born children, in large families, are the ones most prone to tuberculosis, partly because of the fact that the parents are older, but mainly because the mother from repeated pregnancies and hard work is worn out and the fact that the father's wages are not much increased, there are more mouths to feed, more babies to clothe, relatively less money to do it with, and much greater overcrowding, which means less and poorer food, poorer clothing and poorer living quarters and less fresh air.

Eleventh—The establishments of wards in all public hospitals where nursing mothers may be admitted with sick infants so that the babies will not be deprived of maternal nursing when they stand most in need of it and conversely where other circumstances permit, a nursing baby may be admitted, with a mother who is herself in need of hospital care.

Twelfth—The municipal employment of more social service workers and child hygiene nurses not only for the purpose of instructing mothers and young girls in the proper methods, but also for the purpose of bringing to the attention of the city fathers such cases of non-employment or temporary lack of the necessities of life that might properly be cared for from the public funds.

Thirteenth—The rigid enforcement of the tenement house laws.

These are only a few of the suggestions that offer themselves but unless they are all adopted it will be a hard task to increase the resistance of infants to tuberculosis, to an appreciable extent.

More than anything else, resistance is due to proper nourishment and proper nourishment begins before the individual is born, is maintained for the first few months with the greatest difficulty, except through maternal nursing.

One half of all the children who die within one year, die within three months and very few of these are breast fed.

That maternal nursing is essential need not be discussed, but there exists such a strong impression of the inability of some mothers to nurse their offspring that it must be corrected.

With the right kind of care, which includes proper surroundings, absence of anxiety and excitement, a well regulated diet, before and after confinement, practically every mother can nurse successfully for at least two or three months. Moreover, and this is an important point which is often overlooked:

Maternal nursing is almost as essential in restoring the mother to her normal health as it is to save the life of the infant

This being the case, extreme caution should be used in advising even the tuberculous mother to forego nursing her child, until at least a few weeks have elapsed and the infant's stomach has developed the power to digest properly modified milk.

It is estimated that from 75 to 95 per cent. of tuberculous infection of the human variety is due to inhalation, so that unless an infant born of a tuberculous mother is taken at once away from her, there seems to exist a probability that the increased resistance derived from proper nourishment will more than compensate for the added risk from intimate contact.

Of course it goes without saying that due regard for habits of personal care and cleanliness be taught and insisted upon. It would seem therefore that unless an infant can be at once removed from the tuberculosis environment and wet nursed it should be permitted to obtain the nourishment best suited to it, which is undoubtedly its own mother's milk.

Inasmuch as approximately 10 per cent. of all cases of tuberculosis are of Bovine origin it is necessary after weaning not only to give properly modified milk but also milk free from tuberculosis, which means clean, fresh milk, either pasteurized or boiled at home.

It is well known that commercially pasteurized milk is almost without exception a delusion and a snare.

The improvement in the powers of re-

sistance after weaning are to be accomplished by proper feeding, suitable clothing, out-door life, frequent bathing, fresh air and sunshine, regular habits of feeding, sleeping and the attention to the bowels.

The diet should be a liberal one and should consist largely of well-cooked cereals, rice, potatoes, macaroni, green vegetables, fruit, eggs or meat, on alternate days, bread and butter, milk, etc. Soups and broths should seldom be permitted as they are not only useless and take up space that might as well be utilized, but also have a pronounced tendency to produce intestinal indigestion.

Probably very few cases of pulmonary tuberculosis develop in children which are not preceded by digestive difficulties. Efforts should be made to have out-door sleeping quarters for all susceptible infants but this is not the easy matter one might suppose. Darkness and quiet are essential for proper sleep and how city people may obtain quiet and darkness with an electric light shining full in their faces and trolley cars and automobiles passing constantly is a serious problem.

It must be remembered also that fresh air, at least air, fresh from the streets is not always clean air. When proper conditions, such as have been mentioned, do not exist children must be removed and placed in a more suitable environment which as Mulvany says is another story and belongs to the next speaker, Dr. Hess.

Dr. Alfred F. Hess of the New York Health Department Research Bureau was introduced and spoke on:

"The Role of Preventoria for Infants in the Tuberculosis Campaign."

He spoke of the recent discovery of the fact that tuberculosis is contracted during early infancy. When infected during the first year a baby's chances are practically nil and during the second year about even. "What is being done to protect these infants, then?" "Babies should certainly be guarded against infection through contact during their first few years, regardless of any other conditions, such as being breast-fed or any others." He spoke of the Farmingdale Preventorium and stated that it houses 200 children between the ages of four and fourteen, who have tuberculous parents and react to tuberculosis but show no active signs of the disease. In making inquiries at one time I was struck with the thought of how many of these children who were being cared for and protected from

contact with the disease, had those at home who were not being so protected, and yet who were more likely to be infected and with probably more fatal results. Out of 120 families represented at the time, 42 had infants at home in constant contact and danger. The question seemed to be very important and I wondered what could be done. There was really no place to properly send such infants. As a result during the past couple of years, we have had twelve beds at Farmingdale for babies with the disease in the home. These babies, we secure and keep for at least a year, on an agreement signed by the mother or guardian, although, of course, the mother could break this if she tried or desired. It has been our experience that many, in fact more than half of the cases, the person infected at home died while the baby was at the home, the source of danger, therefore, being removed. In only one case have we had to return a baby into the home with an infected person. We are, therefore, confronted more and more, every day with the problem: What provision shall be made for such infants. Something surely should be done. It is hardly time to formulate any definite plans or rules for such preventoria, but it certainly would not be necessary at first to start new institutions; wards could be added to present hospitals, homes or other institutions. This is a serious condition, unquestionably causing the death of hundreds of infants and the swelling of the already great army of tuberculous, during their later years when they manage to protract their existence that long.

Dr. Hess said that although immunity in this disease had been questioned, he believed that this was certainly what was saving the human race from extinction, the immunity being established in most of us by conquered infection. Such immunity, however, is not to be secured during the first couple of years in life, and something, preferably, preventoria, should be established to guard babies during their first years of tender and susceptible infancy.

EVENING SESSION, DECEMBER 6.

Held in the Council Chamber of the City Hall and known as Medical Society Night.

In the unavoidable absence of Dr. Philip Marvel, President of the Medical Society of New Jersey, of Atlantic City, who was to have been chairman, Dr. Wm. G. Schauffer, of Lakewood, occupied the chair.

Dr. Wm. P. Northrup, Professor of Children's Diseases, New York University and

Bellevue Hospital Medical College, read a paper upon:

"Diagnosis of Tuberculosis in Infancy and Early Childhood."

He said: The last time I was invited to come to Newark I was asked to select for my topic that which interested me most. This time the subject was assigned to me, but I may say it is the one most interesting to me. Not that I have anything new to offer, but the diagnosis of tuberculosis in the young is an important one and the making of it should not be delayed until we find the chest flat. It would be criminal to do that in the present day when we have so many and reliable accessories at our command. The tendency to-day is to make the diagnosis earlier and earlier as it is realized that the chief hope for the patient lies in the early diagnosis of the disease especially where tuberculous conditions are present.

In the programme of the conference you have had many topics discussed dealing with the tuberculosis problem, but the one assigned to me is really the most fundamental for it takes account of the very beginning of the dangers of infection, that is, the infancy and young years of the individual. Infancy is that period of life classified as the non-speaking age. Early childhood extends from this period to the eighth year, when the child is ready for school, the period of swapping toys and swapping gum, that brings children together, when contagions appear.

Diagnosis, it is said, is merely naming the disease from the probabilities. Diagnosis is strengthened by proper tests. Our points of diagnostic value are the things we travel over and over again. In order that we may get somewhere in this discussion I have chosen the school age.

It is a very strange thing, but it will appeal to all that the mother is very fond of calling at the doctor's office and telling the doctor that the child is quite well, but that it is pale, with appetite quite good, and does not have any vivacity, it is languid. It is this pallor—this pearly paleness—that is characteristic of tuberculosis. The child has very little endurance. There are some other points I wish to bring out. It is the look of the child, note the pearly white pallor; the mother will say that the child is all right, never has fever, but has no appetite and does not seem to play as it used to. Dr. Trudeau had a way of making diagnosis applying to adults. He once asked me to go with him and try his method of

making a diagnosis. The child did have pallor, mother suspected that the child was not up to the mark. The first thing upon going into the room was to take the temperature before the child had a single thing to eat, early in the morning, and this was continued for several days. Then we went in the evening and took the child's temperature about 5 or 6 o'clock; this was also done for several days. In the morning her temperature was a little subnormal and this was the case on all mornings her temperature was taken, just a half degree or so. In the evening the temperature was a little above normal. The difference in temperature was so slight that it might be overlooked. This condition once would not count, but as the tests extended over a week we had something to go by.

The child looks so pale. What is it. In the afternoon the child is brighter and even has a little color. This flush or color is another indication that all is not well, for the early stage of tuberculosis does not show a sharp circumscribed flush. Mother thinks that it is better in the afternoon, but mind you, it is a little worse. Drop by Drop the poison of tuberculosis is being instilled into its system; just enough to sap vitality; just enough to make it languid; just enough to cause lack of endurance.

Upon this occasion of forming diagnosis I remarked to Dr. Trudeau: "You don't mean to say that child is consumptive?" "Just come here, little girl," said the doctor. She had gained weight, but put your ear to her chest. Rales, rales, dull chest. "How can a girl look like that with rales in her chest." Next I saw a baker carrying an enormous load. Fat, color good, light elastic step. Tuberculosis? Oh, no. Last thing they get. Weak men do light work, but never the baker. Next we see a thin, wiry man pounding stones. Perhaps this one is a victim. Wrong. Pounding stones requires endurance, and endurance is the last thing they get even after complete recovery.

Therefore a leading question to ask is: How is their endurance? Can your children run around the block? Climb or go up stairs? Can they play outdoors with their fellows? How does your child look when it comes in from play? Pale around the mouth, with a little flush in the cheeks. This is an ominous sign. This red bloom has not endurance. It is not the diffused healthy red of endurance. Those are the points we go over in making our diagnosis. Now when the mother has come to the of-

fice and told me her story, I ask: How about the family history, anybody sick in the family? Nobody. They all cover that up nicely. Child has been sick, has had measles, whooping cough, very bad cold, sick in bed the best part of two weeks. Why in bed. How about the whooping cough. Indefinite about the whooping cough. How about the grip or cold? Oh, that was the worst of all. Not diphtheria, not scarlet fever can touch these three, measles, whooping cough and grip, for preparing the soil for tuberculosis.

Now these are the rational points on which we proceed. The first one, the Von Pirquet test, we are all familiar with, it is based upon the theory of reaction of children who are susceptible or have the beginning of tuberculosis. The test is a very good one. Dr. Hess in his talk has shown you how it was applied in the Babies' Hospital. An experienced nurse was assigned to a ward in which all babies were tested for reaction to the Von Pirquet test, not one reacted. Shortly after they were given over to the care of a nurse who developed tuberculosis while in attendance on them; the second test showed that all were infected as every one of the babies reacted to the test.

The next test is the most important one I know of—the X-ray diagnostic test, for the purpose of showing the presence of disease on the lungs, that is, tuberculous infection. (The doctor here produced and handed around to the audience a number of X-ray developments or negatives, showing the results obtained by the use of the X-ray method of diagnosing tuberculosis.) Another test is swabbing the throat and nasal orifices to determine the actual presence of the tubercle bacillus. These are the three diagnostic methods on which we depend, not neglecting, of course, the accessory aids such as auscultation and percussion.

And the treatment? The outdoor treatment, fresh air during the entire day and night is what I recommend as the most efficacious factor of cure. It does not suffice that the child or patient is outdoors a few hours per day; he must live in the air; open windows sleeping or waking, fresh air 23 hours per day.

Dr. T. N. Gray, in discussing the paper, said: You know that in this State we have an entirely adequate law for the control of tuberculosis. In our anti-tuberculosis law we have provision for hospitals. While it does not say whether those hos-

pitals should be 100 or 1,000 bed capacity, the freeholders have authority to build county hospitals. The matter is very simple and definite, and there is no reason at all why any county in this State should not have a tuberculosis hospital. Hospitals, sanatoria and preventoria all on the same ground. But what are the actual facts. If some counties have no use for a tuberculosis hospital on account of the small population they can make provision to share with the other counties in taking care of their patients. So you see there is no reason at all why we should not have a great many more beds in the State of New Jersey for tuberculous cases.

There are but 200 beds in Essex County, while the number of active cases of tuberculosis is 7,000 in the city of Newark alone. I do not think it is a credit to us as medical men that we have allowed the laymen to take the lead through all these years and the medical societies in many instances have not waked up. We have had several sessions with the freeholders and had not succeeded in doing anything positive, but in the last few months we have finally won the freeholders over to the necessity of early action. Just as soon as the people want anything earnestly they can get it. I believe it the duty of every county medical society to agitate for adequate hospital facilities to handle tuberculosis problems, and I also believe they are losing their chance. They ought to take the matter up in each one of the counties where it is necessary to have a sanatorium.

Dr. I. Edward Gluckman of the trades' Union Anti-Tuberculosis Association of Newark was called on to tell what Essex County Medical Society is doing. He said: I have been asked to speak upon what the county society is doing. I ought rather to tell you what it is not doing. It seems to me that the medical profession is now on the job as it should be. When it comes to tuberculosis they seem to lie down. I think that a county the size of Essex should have at least 1,500 to 2,000 beds. Instead of that we have a sanatorium of about 90 beds: Glen Gardner a few and Soho a few, and we have 8,000 tuberculosis cases in Essex County.

Dr. Theodore Teimer spoke of his efforts to obtain better provision for the care of the tuberculosis and mentioned particularly the appeal to the citizens by issuing circulars soliciting their aid and the ready response of over 4,000 persons within a few weeks, and his efforts to win over the free-

holders to importance of the conditions facing the county with regard to tuberculosis, and stated that he believed that his efforts and those of several other physicians "had started the ball rolling."

Miss Emily H. Suydam, Field Secretary, N. J. Anti-Tuberculosis League, read a paper entitled:

"How New Jersey Women Are Helping To Fight Tuberculosis."

The women of New Jersey have federated themselves into club life which embraces varied topics—from literature to civics. Their zeal in attacking matters pertaining to the public welfare has been most commendable, and it is of interest to us who are working out an intensified program for one branch of service to have secured their co-operation. Since the New Jersey Anti-Tuberculosis League began its field operations it has been the good fortune of the field secretary to have met groups of women all over the State who are earnest in their endeavor to assist us in preventing the spread of tuberculosis. In addressing these several groups we find mutual opportunity for information and assistance. In order to ascertain just what the women's societies are doing, it will be necessary to follow several of them. There are 166 federated clubs, over half of which have included among their regular work departments under the following heads: Civics, child hygiene, child welfare, clean up week, town and city improvement, home and school gardens, playgrounds, district and visiting nursing, city nursing, hospital needs, community service, community social service and public health. It has come to pass that in their zeal to correct civic evils and lend their aid to all forms of exploitation their attention has been drawn to certain ailment in the midst of many others and that is tuberculosis. There is a civic league in one of our southern towns that is supporting a village nurse. They understood that by conducting the Red Cross Seal campaign they could have sufficient revenue with which to supply nourishment and relief in homes where tuberculosis had claimed its victims, so they asked the State League to lend them the field secretary for an address, and explain matters. This was given in a Friend's Meeting House before a small but earnest group of women, one of whom asked for advice regarding the placing of a small child under proper treatment. She was an inmate of a children's home of 30 orphans and had recently been pronounc-

ed tubercular. Explanations followed regarding the nearest examination point for admission to the State Sanatorium, and arrangements made over the 'phone for the same, and the beginning of a sure treatment for the child's cure was begun that very day.

The Parent-Teacher Association is another active group who are seeking remedial measures along the same line. After an address given in one of the rural schools, requests came by mail regarding proper treatment of a man suffering with tuberculosis. Failing a county hospital and following rejection by the State steps were taken to have the freeholders of that county place him at White Haven, Pa., where he has gained in health and courage.

One of our clubs in a city of over 270,000 is supporting a visiting housekeeper whose follow up work in the homes teaches budget making and adequate "home economics." This type of work is of inestimable value where established clinics and nurses are efficiently handling the tuberculosis situation.

We have 36 local tuberculosis societies who are in regular standing with the State League. Their work comprises support of nurses and clinics, open air schools, lectures, exhibits, literature and equipment for outdoor life, and they affiliate with boards of health and education in medical inspection and school nursing. They work for better housing conditions and adequate legislation. Their interest is given to the baby welfare exhibits and milk and pure food exhibits, realizing that prevention of tuberculosis is more important than the cure. Their efforts to support the laws already on the statute books have resulted in county hospitals, county nurses, anti-spitting campaigns and complete segregation of the advance patient who has been proved a menace to the community. Twenty-five of the local societies support visiting nurses, who prove the most efficient weapon in our campaign. In the homes of many foreigners, the question of proper infant feeding is a problem best met by the district nurse who explains by actual deeds the doctor's directions. The social worker is another asset supplied by the women's societies. They assist in carrying on an educational campaign in schools and factories, learning through the welfare departments the needs of those incapacitated and carrying a sure message of hope and encouragement into the homes where they are called. We could

multiply instances where the work of a Woman's Literary Club or a Girl's Friendly Society or a Camp Fire Club has been suddenly roused to action along the lines of better health for the community by one of their members being stricken with tuberculosis. That there should be a well organized local association for the prevention of tuberculosis, in each community large enough to maintain it adequately, has been proved beyond any doubt. To them we leave the splendid opportunity of guiding the willing effort of all affiliated bodies who are anxious to promote fuller knowledge of our State Sanatorium at Glen Gardner; how to obtain admission to our county hospitals; how to enforce the anti-spitting ordinance and what efforts can be made to secure real ventilation in our trains and trolleys and all public buildings.

The women of New Jersey have a vision that grows brighter as we make use of it, and the results are becoming more practical every day.

Dr. Charles W. Crankshaw, President of the N. J. Tuberculosis League, spoke on the work of the league; what it has accomplished through the secretaries in gathering information as to the conditions prevailing in the State with regard to the tuberculosis problem, and stated that the league embraced 41 different organizations. "You will notice from the map," said Dr. Crankshaw, "that we have 21 counties in the State and that the largest part of it is still shown to be in a very unfavorable and unfortunate condition from the viewpoint of adequate hospital and sanatorium facilities for the care of the tuberculosis cases in the State. But I know that you will all agree with me that we can secure nothing in this world without effort, and that the prevailing situation in tuberculosis matters throughout the State will urge us to put forth our strongest endeavors to the end that the tuberculosis problem will be handled more efficiently."

(To be continued.)

Ovarian Cysts.—Don't tap or incise ovarian cysts. Whenever practicable remove them intact through a large incision.

It is now recognized that many of these cysts, though innocent in appearance, are malignant, and not a few cases have occurred in which, after ovariectomy by a small incision and trocar, the patients have returned with generalized cancer of the peritoneum owing to infection by cyst contents during the operation.

There is also a possibility that the cyst, especially if adherent to intestine, may contain pyogenic bacteria.—C. H. Whiteford in The Medical Press.

Clinical Reports.

Splenectomy for Splenic Anemia.

Two patients are reported by Dr. W. F. Cholmeley, in the British Journal of Children's Diseases, of children aged 6 and 12 years. The first had been sick about 3 years. The removal of the spleen gave no trouble. The day after the operation there were well marked evidences of improvement. Two days before operation the red cells numbered 1,850,000; white cells, 6,500 per cm. Seventeen days after operation, red cells, 2,790,000; white cells, 11,500. Six weeks after operation, the red cells numbered 2,425,000; white cells, 15,600; hemoglobin, 70 per cent. The second patient had apparently been quite well, except for some slight paleness, until a week before admission, when he had a bad fright. The blood count was: Red cells, 1,330,000; white cells, 5,000; hemoglobin, 35 per cent. No difficulty was experienced in removing the spleen. Three days before operation a blood count was taken: Red cells, 1,600,000; white cells, 11,000. A week after operation the blood count was: Red cells, 2,900,000; white cells, 10,000; hemoglobin, 70 per cent.

Polypous Cancer of the Stomach.

Drs. Oettinger and Marie, in the Archives des Mal de l'App. Digestif, Paris, report the case of a man of 48 rapidly recuperated after removal of a malignant tumor, almost smooth and as large as a mandarin orange, growing from a fold in the stomach wall near the lesser curvature, on a short pedicle. The whole tumor weighed 134 gm. and measured 56 by 75 by 65 mm. It was in two lobes and was free from ulceration. The only symptoms had been hemorrhages, each preceded by an attack of vertigo and buzzing in the ears and loss of consciousness. No functional nor objective signs of gastric trouble otherwise could be detected except that chemical investigation showed occult blood and aepsia. At the laparotomy the tumor could be felt rolling around in the stomach, and it was easily resected. The diagnosis of cancer was based on the aepsia and constant occult blood in the stools although there was but little loss of weight and no appreciable digestive disturbances except the gastric hemorrhages. A liver affection might have been responsible for these. Palpation and roentgenoscopy were also negative.

Alcoholic Insanity.

Dr. D. C. Main reports the following case in the Florida State Ass'n Journal:

M. J., 40 years of age, negro above the average intelligence. Had always been a moderate drinker with rare spree. Father, mother and one brother died with some mental trouble. Has the usual superstitions of his race. About three years ago he began to act queerly at times and imagined that fellow employees were working charms on him, so quit his job and remained at home and farmed. Had headache, disturbed sleep and hallucinations of sight and hearing.

Several times drove rapidly home from his work in the field a short distance away, claiming to have seen people after him to kill him (the writer among them), and on arriving

home would call his wife to come to the gate to see them also. He often whistled in answer to whistles around him. Thought people were trying to poison him through his food and several times came to the office for treatment for this. People tried to poison him through his pillow at night, and he often smelled tobacco around the house, though neither he nor his wife used it. Imagined people followed him around in the woods to get his money, but he always circumvented this by going a different way.

Always kept gun and shells by his bed for protection until they were taken out of the house. Sees through plans people have made to encompass his downfall and imagined his lodge were all against him. Visions and hallucinations are always present and to a great extent of a sexual type. The hallucinations and delusions foster irritability and roughness of manner and action whereas formerly he was quiet.

It is generally considered that this form of alcoholism is one of the most dangerous types of alcoholic insanity, yet so sane is he on every subject that he has twice fooled a court of inquiry into his mental condition by reason of the fact that they failed to get started on the right track in questioning him.

The course in these cases is progressive, the mental deterioration precluding any hope of recovery, and the treatment consists of isolation in an asylum until a terminal dementia ensues, at least.

Stab Wound of Chest and Diaphragm; Thoracotomy; Laparotomy; Packing of Punctured Spleen; Recovery

Dr. Bulkley, New York, reported this case at a recent meeting of the New York Academy of Medicine:

A boy fourteen years of age was admitted to the hospital October 26, 1916. One-half hour before admission he was stabbed in the left lower chest with a banana knife. Through this wound, a half inch in length, there protruded a small bit of dirty omentum. There were no signs at this time of intra-abdominal injury. The wound was enlarged and a bit of the ninth rib was resected, and it was then found that the knife had penetrated the pleural cavity without injury to the lung and had inflicted a wound in the diaphragm through which the omentum prolapsed. The omentum was amputated and the stump reduced; the rent in the diaphragm was closed without difficulty. Twelve hours later there were distinct evidences of peritoneal irritation with signs of hemorrhage and free fluid in the left gutter. A left split rectus incision was made and later enlarged by a free incision along the left costal margin. The left gutter and pelvis was filled with blood. On the diaphragmatic surface of the spleen was a punctured wound nearly an inch in length, still actively bleeding. Having lost a case of ruptured spleen recently, and in view of the poor condition of the child, a splenectomy was not attempted, but a large gauze strip was packed between the diaphragm and spleen, and the wound rapidly closed after flushing the abdomen with saline solution. The drainage tube in the chest was removed in thirty-six hours, the abdominal packing in forty-eight hours

and both wounds healed practically per primam. The patient was now well and without symptoms. This case was shown as an argument against the teaching that all injured spleens should be removed. At the same time during which the patient was in the ward a case of stab wound of the spleen in an adult male was admitted seven days after post-operative from Roosevelt Hospital, transferred for morphinism. This patient had also simply been packed, and he, too, recovered.

Unusually Large Cystic Appendix Vermiformis.

Completely covered by peritoneal folds of Treves, complicated with large right ovarian dermoid cyst, reported by Paul Michinard, M. D., New Orleans, in the New Orleans Medical and Surgical Journal.

Case—Alice Y., colored, age thirty-one, four children, three miscarriages. Last child two years ago (1914). No trouble was experienced during or after her deliveries. Menstruation always normal, excepting during past eighteen months, when the flow became more profuse and of longer duration. She entered the Charity Hospital, Ward 38, May 22, 1916, complaining of frequent attacks of abdominal pains for about two years. There were no typical attacks of appendicitis pains.

On examination the lower abdomen was felt to be filled with a movable, doughy-like mass, somewhat inclined to the right. Pressure over the right iliac fossa and in the neighborhood of McBurney's point did not cause any defensive contraction of the rectus muscle or any special suffering. Her temperature was normal. From the consistency of the tumor a dermoid cyst was diagnosed, and the history of repeated attacks of pain led to the suspicion of chronic appendicitis. Operation, May 30, 1916, revealed a six and one-half pounds dermoid filled with sebaceous matter and kinky hair. The tumor was freely movable and easily extirpated. The left ovary was found normal and not disturbed. On investigating for the appendix we found a sausage-like object filled with a clear serum-like fluid. With the exception of about one inch of its distal part it was completely covered by a thin, broad translucent and almost bloodless membrane, which also covered the cecum, to which, as well as a small surface of the appendix, it was slightly adherent.

This object was the appendix. It was astonishing with what difficulty it was removed from its pocket like covering, finger and Mayo scissors accomplishing the separation. After removing the appendix, the membrane, which was almost bloodless, was excised, ligatures were placed on the stumps to prevent any possible post-operative bleeding. The appendix measures about eight centimetres in circumference and seventeen centimetres in height.

Let us now turn our attention to the membrane which encased the appendix. It was certainly not of inflammatory origin. Its appearance was almost that of normal peritoneum. Excepting over the cecum and a small part of appendix it was not adherent, and it did not bleed, or scarcely so when cut. It was very broad. Speaking of these membranes, Charles H. Mayo, in the March, 1911, number of Surg. Gyn. and Obstetrics, said: We believe that this condition is undoubtedly due to the late rotation of the bowel and descent of the cecum

from its hepatic position after the formation of the peritoneal cavity of the infant. The cecum burrows its way into position, as it were, through the peritoneum.

These membranes have been called the peritoneal folds of Treves, Jannesco and Reid, and also Jackson's membrane. That they are not of inflammatory origin seems to be the prevailing opinion to-day. Eastman seems inclined to call them the "bloodless fold of Treves." At this operation, which was completed in less than an hour, and from which the patient made a quick recovery, I was assisted by Dr. Frank Gomila.

County Medical Societies' Reports

BURLINGTON COUNTY.

H. Eugenia Whitehead, M. D., Reporter.

The eighty-seventh annual meeting of the Burlington County Medical Society was held at the Arcade Hotel, Mount Holly, N. J., on Wednesday, January 10th, 1917, with twenty-eight members present. The regular order of business was transacted, which included the election of officers for the ensuing year.

The election resulted as follows: President, Lyman B. Hollingshead; vice-president, M. W. Newcombe; secretary and treasurer, G. T. Tracy; censor, F. G. Stroud; reporter, H. Eugenia Whitehead; chairman section on medicine, G. A. Jennings; chairman section on surgery, S. R. Maul; chairman section on diseases of women and children, I. N. Keim; delegates to State Society, D. F. Remer, R. I. Downs; alternates, H. Langsdorf, B. K. Brick; delegates to county societies—Camden County, J. B. Wintersteen; Gloucester County, John Conroy; Salem County, E. P. Peace; recommendation to the State Society for permanent delegate, E. R. Mulford.

A very fine address was delivered by the retiring president, Dr. G. Eugene Harbert of Beverly, N. J.

It was unanimously decided that the next meeting of the society should be held at Brown's Mills in the Pines.

The meeting adjourned after a very fine repast served by William T. Warren.

CUMBERLAND COUNTY.

Elton S. Corson, M. D., Reporter.

The quarterly meeting of the Cumberland County Medical Society was held at the State Home for Feeble-Minded Women, at Vineland, on Tuesday, January 2. Dr. Madeline A. Hallowell was hostess and while she has always entertained in a most charming and generous manner, on this occasion she surpassed herself. Unfortunately, owing to stress of work but few physicians were present. There were no visiting delegates. The hearty laugh of Dr. George E. Reading was especially missed.

Drs. F. P. Wainwright, Irene Chandler and Madeline A. Hallowell were proposed as members.

Dr. C. M. Gray, the president, presided. Many interesting cases were reported, one especially is of interest to the public. A child five weeks old was given an ordinary nursing bottle nipple as a pacifier. The nipple slipped down the child's throat and the child was be-

yond resuscitation when the doctor arrived and extracted it. The use of a pacifier has often been condemned as being unsanitary in every respect and unless it is attached to a string or has a bone protector it is a positive menace to the life of the child.

Types of Feeble-Minded.

Dr. Hallowell conducted a clinic during which she presented the various types of feeble-minded present in the institution. They are classified as to degree of intelligence according to the normal child. This does not indicate that the brain of the child has stopped developing at that age, but that it can only do some of the things of a child of one to twelve years of age. There is always lacking the element of judgment.

The orchestra of the institution showed much skill, as did also the chorus of girls. They all seemed cheerful and contented among their faithful teachers and Christmas decorations. A generous collation was served at the close of the meeting.

ESSEX COUNTY.

Richard J. Brown, M. D., Reporter.

The Essex County Medical Society met in the rooms of the Newark Board of Trade. Dr. Otto H. Schultze of New York, made an address on "Medical Assistance in the Administration of Criminal Law." The lawyers of the county were the guests of the county society. He referred many times to his experiences as medical assistant to the District Attorney of New York County and showed how many criminal cases were solved by the aid of medical knowledge. He said he believed conscience was the best "third degree."

In the event of death it is the object to place the cause of death so that it can be proved in court. Measurements and weights must be accurately taken and everything recorded immediately. He showed that many times circumstantial evidence was rejected by autopsy.

He believed that every physician testifying should be qualified to speak on his particular subject. Because evidence was not always according to fact there must be some reform. Where all the facts are given there can be no difference of opinion. He spoke of the Medical and Surgical Tribunal of Hungary where the court is given an unbiased record, also the British courts.

The Academy of Medicine met in the Board of Health rooms.

Section on Medicine: Paper by A. F. Marquier, Ph., G., professor of pharmacy in New Jersey College of Pharmacy. He stated that this was the ninth revision of the U. S. P. The bases of some stock ointments were changed, white petrolatum being substituted. Infusion of digitalis was again changed and is even more unstable. Methyl salicylate replaces oil of wintergreen and is 98 per cent. Cubic centimeters were changed to millimeters to conform to the standards of other countries and be more exact. Atophan, codeine and heroin were made official.

Dr. Wm. S. Disbrow discussed the paper and declared he believed the new U. S. P. to be the best since 1870.

The Section on Pediatrics enjoyed a paper

by Dr. Wm. P. Northrup. His subject was "Here and There in Medicine Outside of Books."

He defined pneumonia as a disease with sudden onset, fever, prostration and "dopiness," a disturbance of pulse respiration. Ratio of 1-2 or 1-3 and rales. He said "one sided" pains reflect themselves and that appendicitis, right-sided pneumonia and right ear trouble are often confused. The three things give rise to obscure fever are:

(1), Constipation; (2), ear trouble; (3), pyelitis.

He described his method of an upside-down nursing method where the baby assumed the attitude of a squirrel coming down a tree. This he used in cases of protracted vomiting. He gave many amusing anecdotes and the discussion was made more interesting by having many of his old pupils in the audience who also related many anecdotes of this experience in his classes.

In the Section on Eye, Ear, Nose and Throat Dr. F. C. Jacobson reported on some operative cases and Dr. J. F. Bowman demonstrated direct ophthalmoscopy. Dr. Wallace Pyle demonstrated cases of: (1), Traumatic exophthalmos; (2), subconscious resection on a bleeder. A paper then followed on "Vision and Industrial Occupation," by Dr. Wm. O'G. Quinby.

Essex County Anatomical and Pathological Society: The paper was read by Dr. Harrison S. Martland on "The Clinical Significance of the Wassermann Tests." He showed how to use the results of the test from the clinical aspect. He affirmed that the test was not specific without any clinical signs and should always be interpreted in conjunction with them.

Judge Harry V. Osborne opened the discussion. He said he believed the differences were of judgment and opinion rather than attempts at dishonesty. The medical witness must not be an advocate. Conscientious testimony is what is required. Drs. Martland, Washington, Warren and Hicks also discussed the paper.

HUDSON COUNTY.

Paul Andreae, M. D., Reporter.

The fourth regular meeting of the Hudson County Medical Society was held on January 2nd, 1917, at the Carteret Club, Jersey City. Dr. Henry J. Bogardus, president, presiding.

The regular business program was followed and Dr. Manuel Kline of Bayonne was elected a member. Dr. Sidney Chayes of Bayonne was proposed for new membership.

Dr. Henry J. Bogardus of Jersey City presented a case of Potts' disease of the lower spine in which the body of one vertebra was gone. The case was operated upon and a Hibbs' osteoplasty performed with complete recovery. The interesting feature was that the wound burst open due to hematoma which was not noticed until the tenth day and yet the scar showed very little signs of healing by second intention.

Dr. C. A. Birdsall of Jersey City reported a case in a youngster whose mother, grandmother and great grandmother gave histories of having had the disease showing great improvement after three months' treatment by thyroid extract.

Dr. Wallace Pyle of Jersey City reported a case where a man was struck in the eye with a piece of coal, the eye dilated, exudate in the chamber, loss of vision and the eyeball hard. The name of the patient seemed familiar and on looking up his records, found that he had several years ago diagnosed the case as a sarcoma of the iris. This is interesting from a medico-legal standpoint and proves the value of case histories.

Dr. Donald Miner, Jersey City, told of a case of chronic intussusception of ileum in a child four years old, which was bound down by two bands. The lymphatics showing marked hypertrophy, one being the size of a hen's egg.

Dr. C. V. Everitt of Jersey City told of a case of sarcoma of the testicle in a physician denying venereal history but showing a positive Wassermann reaction. Following this there was a lengthy discussion upon the merits and technique of the Wassermann reaction, and the question arose: Whether sarcomas gave a positive Wassermann without the presence of the spirochaeta. This subject will be taken up later by the members of the society.

The papers of the evening were very interesting and one in particular called forth a great deal of comment, viz: "Why We Take Cold," by Dr. Wallace Pyle of Jersey City. The theories advanced were many and all seemed to suffice, so much so that the members could not enlarge upon them.

The other paper, "The Use of Iodine in Obstetrics," by Dr. M. A. Swiney of Bayonne. (This paper appeared in our January issue—Editor.)

The meeting was very interesting but was poorly attended though the clemency of the weather did not forebode the catching of cold. Those who were present are strongly in favor of the "Get together" idea and we hope for better attendance in the future.

MERCER COUNTY.

Enoch Blackwell, M. D., Reporter.

The regular monthly meeting of the Mercer County Medical Society met January 2nd on invitation of Dr. H. A. Cotton at the New Jersey State Hospital to hear a lecture by Dr. F. H. Albee, of New York, on his recent trip to the Allies' battle front, and a moving picture demonstration of bone surgery.

The regular order of business was dispensed with so that the whole evening might be given over to Dr. Albee who has spent years in perfecting his method of bone surgery. It was a very interesting lecture and a remarkable demonstration and showed what an exact science this branch of surgery has gotten to be. There were about two hundred present, and all felt they had spent the evening very profitably, and all the physicians present showed their appreciation by personally thanking Dr. Albee at the close of the meeting.

MIDDLESEX COUNTY.

Herbert W. Nafey, M. D., Reporter.

The regular monthly meeting of the Middlesex County Medical Society was held at the Middlesex General Hospital, New Brunswick, Wednesday, January 17th, 1917.

The regular order of business was transacted, during which the question of the proper method of procedure against persons practicing

ing medicine illegally was discussed. In this connection it was reported that much illegal practice was being conducted in this city at the present time among the foreign population. Dr. English stated the proper course was the notification of the county prosecutor's office, whose detectives would make the necessary investigation. The matter was finally referred to the committee on ethics, consisting of Drs. Runyon, English and Donohue.

In the scientific program the following case was presented by Dr. William Klein of New Brunswick:

Patient is a female, age 24 years, single, white. Pain in left shoulder and knees; numbness, tingling and loss of elasticity of skin of both upper and lower extremities. Decided bronzing of cutaneous surfaces exposed to sunlight.

History Present Illness—Condition began about two years ago by alternating sensations of heat and cold in the extremities, associated with stiffness and cyanosis. This condition has gradually grown worse until at the present time patient cannot close the hands; the motion in the shoulder and elbow joints is limited; crusts form at the ends of the fingers, become dry, hard and scaly and then become detached. Menstrual history is negative. Past medical history is negative. Family history is negative.

Physical Examination—Patient is a well developed female. There is a decided pigmentation of the skin of the face, neck and hands. Noticeable prominence of the eyes. No tremors, no nystagmus. The skin over the face, neck, hands and arms is very tense, having lost its normal elasticity to the point where it cannot be picked up between the examiner's fingers. There is no evidence of cardiac, pulmonary, gastro-intestinal or renal disease. The urinary findings are essentially negative as was the Wassermann reaction.

Blood Examination — 82% haemoglobin; total red cell and white cell count were not given; differential count, 46%; polymorphonuclears and 54% small lymphocytes. There was no adenopathy and no enlargement of the spleen.

Blood Pressure—Systolic, 100 mm.; diastolic, 55 mm. The superficial tendon reflexes were absent.

A tentative diagnosis had been made of scleroderma by Dr. Klein.

No method of treatment had given any satisfactory results. Extracts of the organs of internal secretion had been tried with no improvement.

The discussion of the case failed to give any new light on the diagnosis, and Dr. Klein was advised to have the patient admitted to one of the hospitals for closer observation and study.

Dr. Brown made a preliminary report on a case of acute lymphatic leukaemia after which the meeting adjourned.

Following the literary program refreshments were served by Miss Pugh, the superintendent of the hospital, for which a unanimous vote of thanks was given by the society.

UNION COUNTY.

Russell A. Shirrefs, M. D., Reporter.

The regular January meeting of the Union

County Medical Society was held in Elizabeth at Carteret Arms, January 10, 1917, at 8.30 P. M., about thirty members being present. The regular order of business was postponed and President Runnells introduced the speaker of the evening, Dr. Henry G. Bugbee of New York whose subject, "Diagnosis of the Lesions of Kidneys and Ureters," was well illustrated by many lantern slides. These showed X-ray views of the abdomen taken while ureteral catheters were in situ, disclosing the presence and location of ureteral calculi. These pictures are now usually taken as a routine measure at St. Luke's before appendicitis operation, and occasionally reveal a ureteral calculus instead of the supposed appendicitis. Other views showed instances of the congenital absence of one kidney. Often the X-ray views enable the operator to dislodge an impacted ureteral calculus by manipulation with bougies, etc., without anaesthesia or operation, as the average ureter is susceptible of dilatation to 18 French. In speaking of the causation of such calculi, the lecturer emphasized the harmful effects of alcohol.

Drs. Joseph Mark of Chrome and Irving Lerman of Elizabeth were elected members of the society.

Local Medical Societies' Reports

Bayonne Medical Society.

Edward E. Lupin, M. D., Reporter.

A regular meeting of the Bayonne Medical Society was held on December 18th, 1916, at Dr. L. F. Donohue's home. After a short business meeting, Dr. Joseph Collins of New York City, addressed the society on "The Significance of the Reflexes in Diagnosis." A splendid repast was served. Due to Dr. Donohue's efforts, everyone present had a most enjoyable evening.

Clinical Society of the Oranges.

Walter B. Mount, M. D., Secretary.

A regular meeting of the Clinical Society of the Oranges was held on the evening of December 14th, 1916, at English's Banquet Hall in East Orange, Dr. J. E. Parker being the host. Dr. McLellan occupied the chair. After routine business the evening was devoted to the reports of interesting cases.

Dr. Chamberlain reported a case of renal calculus verified by the X-ray and by operation. It seemed like fibrous tissue, and the pathologist described it as a "mass of kidney tissue and fibrous tissue filled with uric acid crystals."

Dr. Adams reported a typical case of renal colic with blood in the urine and three shadows showing X-ray and several attacks of colic. On operation the ureter was negative, the kidney was split and found negative. There has been no recurrence of symptoms.

Dr. Chamberlain mentioned a case which clinically was fracture of the hip, in which the X-ray showed a normal bone but a shorter extremity. Dr. Adams said that both hips should be taken in such a case, as then it is easily seen that the neck of the femur is shorter if there is a fracture. An old fracture of the hip shows a tremendous absorption of the neck.

Dr. Adams reported a sarcoma of the femur

in a healthy young man who, after standing and working all day, had pain in the knee, which showed a slight enlargement. X-ray revealed that this enlargement crossed the cartilage, and only a malignant tumor or a disintegrating process will cross this cartilage. The patient had been lost sight of.

Dr. McCroskery reported two cases of breech delivery, both R. S. A. and with feet extended. In the first case the right side of the child's face was flattened, but was clearing up by the fifth day. One arm had been extended. The finger had not been put in the mouth to aid flexion over the perineum. In the second case the jaw was asymmetrical, presumably having been pushed to one side by the extended foot. The arms were folded. The lids and eyes were normal in both cases. The other members did not agree with Dr. McCroskery, but felt that a congenital deformity, or an injury to the jaw, or pressure by a foot on the face were none of them likely, and suggested a facial paralysis, possibly by pressure against the spine.

Dr. Muta reported a woman five months pregnant who had had chorea since childhood. She had had two stillbirths and was anxious to have a child. Blood pressure, kidneys and bowels were normal. Arsenic was given to tolerance with some bromides and other sedatives. It was proposed to do an induction at the eighth month.

Dr. Smith reported a case of concussion with cerebral hemorrhage as a result of a fall in a fifteen months old child. There was deep unconsciousness, dilated and unequal pupils, strabismus, shallow respiration, slow irregular pulse, vomiting, partial paralysis of the leg and complete paralysis of the arm on the side opposite that of the bruise on the head.

Dr. Ringland reported a case of pyloric stenosis in a man of 35 who had been healthy except for gonorrhea 14 years ago. Seven weeks ago he began to vomit, at first persistently, later an hour after meals. There was a dull ache in the epigastrium. He had lost 20 pounds. The hemoglobin was 60%, red blood cells 4,000,000. There was a little induration to the right of and above the umbilicus with a little local tenderness and pain. Bismuth was found in the stomach 40 hours after its ingestion. He had been sent to Dr. Ringland for an immediate operation, but a 4 plus Wassermann made him feel that the stenosis was due to syphilis. Salvarsan was to be given.

January Meeting.

A regular meeting of the Clinical Society of the Oranges was held on January 4, 1917, at English's Banquet Hall in East Orange, Dr. C. W. Buvinger being the host. Called to order at 9.50 P. M., Dr. G. O. McLellan in the chair. Members present: Drs. Adams, Buvinger, McLellan, McCroskery, Moulton, Mount, Muta, Parker, Riggins, Ringland and Seidler. The members of the society were very glad to welcome Dr. C. D. Moulton of East Orange and Dr. V. B. Seidler of Montclair as new members. Dr. E. N. Riggins read the paper of the evening on "Leprosy." He described the disposition of cases in the middle ages, the disposition of cases at present in this country, the symptoms and differential diagnosis and the treatment. Dr. J. E. Parker reported an interesting case of eclampsia.

Morristown Medical Club.

E. Moore Fisher, M. D., Reporter.

On the evening of January 3, 1917, the Morristown Medical Club met at "Day's," in Morristown, as the guests of Dr. James F. Horn of Morris Plains. Dr. A. B. Coultas was chairman of the evening and Dr. F. W. Flagge acted as secretary pro tem.

There was a goodly attendance of members and the following visitors were present: Dr. T. N. Gray of East Orange, Dr. Lawrence of Summit, Drs. Pollard and Krauss of Chatham, and Dr. Wade of Morristown.

The subject for discussion was "The Surgical Aspect of Gastric Ulcer," which was opened by Prof. McGrath of Fordham University. The doctor, for the purpose of description, first divided the cases of gastric ulcer into the acute and the chronic forms. In the acute form, which occurred in young chlorotic girls, he thought that medicinal treatment should be tried to its limit before surgical operations were used; more than fifty per cent. of such cases recovered under such treatment, although probably half of these tended to recur and in six per cent. might be followed by malignant disease. In the chronic cases where the diagnosis was in doubt the cases were such as should be treated by a physician for a while before surgical measures were used. Where the diagnosis was certain, operation was considered advisable. An operation should never be put off if there were evidences of late sequelae such as cicatrization, dilatation or other complications. In ulcers where the first symptoms were a severe hemorrhage, the doctor never advised operation at this time. The use of morphine as a sedative and rest generally aided in relieving the condition which was always helped by the lowering of the blood pressure due to the loss of a large amount of blood. The use of saline solution or stimulation of any kind was in these cases dangerous; anything which tended to raise the blood pressure generally being followed by a second hemorrhage. In cases where there was a great deal of pain, a relapse after an apparent recovery, marked loss of weight and general decline, operation as early as possible was advisable. In discussing the perforation the doctor said that the symptoms were almost such as make the diagnosis easy; these generally follow a full meal, the appearance of a severe pain which was followed by collapse; an operation was indicated as soon as the diagnosis was made, every hour after five or six hours adding to the likelihood of the patient's death. In ulcers that did not yield to medicinal treatment, operation should not be delayed. The operation that helped in most of these cases was gastro-enterostomy; where this was done early, the rest given the pylorus of the stomach was generally followed by a cure of the ulcer and the disappearance of the cicatricial tissue.

The discussion of the paper was entered into among others by Drs. Lawrence, Krauss, Gray, Coultas, Mills, Vaughan, Becker, Wilkinson and Flagge, who mentioned their experience in numerous cases.

In concluding, Prof. McGrath emphasized the fact that where there was an initial severe hemorrhage, rest and sedatives were the proper line of treatment with an enemata of tap wa-

ter and dextrose; whiskey might be added after an operation where it was necessary to stimulate the patient. In medicinal treatment the use of carbonate of magnesia was probably the best method. Many cases of gastric ulcer simulate appendicitis but it is also true that frequently patients are operated upon for gastric ulcer who are suffering from chronic appendicitis. One of the common symptoms which was almost diagnostic of gastric ulcer was hunger pain which was frequently present at night, the patients waking from a sound sleep with severe pain and needing some light nourishment such as a glass of milk or some crackers to relieve them before they were able to sleep. Nearly all of the patients with a chronic gastric ulcer crave food but are not able to retain any in their stomachs. After operation they gain frequently more than a pound a day in weight. Every method at command should be used in the diagnosis of these cases. The presence of blood either in the vomit or occult blood in stools should cause us to think of ulcer. Test meals should be given frequently and X-ray pictures taken. Some of those present thought a good radiographer could diagnose gastric ulcer in any patient in which it was present. In operating, the doctor felt that the non-clamp method was more preferable to the clamp method, as there was not nearly as much danger of subsequent hemorrhage.

After the formal discussion supper was served and the discussion continued informally.

Westfield Medical Society.

Frederick A. Kinch, M. D., Reporter.

The December meeting of this society was held at the home of Dr. R. G. Savoye on the fifth of the month. A number of very interesting cases were reported; namely, bronchopneumonia following infantile paralysis; cirrhosis of liver; myocarditis; apoplexy of the placenta, and hydrocephalus. The paper of the evening, "Bronchiectasis," was read by Dr. J. B. Harrison. It was most interesting and instructive. The discussion of the essay and the reports of cases brought out many good points and helpful hints.

After the business part of the meeting Dr. and Mrs. Savoye entertained the members in a social hour with light refreshments.

January Meeting.

The January meeting was held at the home of Dr. J. B. Harrison; on account of the illness of two of our members and professional duties of others, the attendance was not as large as usual. The usual routine of business was transacted. A number of interesting cases were reported and discussed. The subject of the paper for the evening was "Fatigue; Its Effects on Efficiency," presented by Dr. F. A. Kinch. The members of the society seemed to enjoy the essay and in the discussion spoke of their satisfaction and pleasure in having a subject somewhat out of the ordinary being presented and not the old trite medical themes.

After the business session Dr. and Mrs. Harrison entertained the society and served refreshments. Although the meeting was smaller than usual, all present voted they had had a most enjoyable and profitable evening.

Miscellaneous Items.

Academy of Medicine of Northern New Jersey.

The stated meeting will be held Wednesday, February 21 at 8.45 P. M., under the auspices of the Section on Eye, Ear, Nose and Throat, Wallace Pyle, M. D., chairman. A paper will be read by Cornelius G. Coakley, M. D., professor of laryngology and otology, College of Physicians and Surgeons, N. Y., on "Tonsils."

The Section on Pediatrics met February 1st at 8.45 P. M. Julius Levy, M. D., chairman. It was a clinical meeting with report of interesting cases.

The Section on Medicine will meet Tuesday, February 13, at 8.45 P. M. George B. Emory, M. D., chairman. With a symposium on Acute Gastric Dilatation: 1. "Symptomatology," by Chauncey B. Griffith, M. D.; 2. "Etiology," by E. Zeh Hawkes, M. D.; 3. "Treatment," by J. Bennett Morrison, M. D.

The Section on Obstetrics and Gynecology will meet Wednesday, February 28, at 8.45 P. M. Sarah R. Mead, M. D., chairman. There will be reports of cases and a paper by Stella S. Bradford, M. D., of Montclair. Title to be announced by post card.

Essex Co. Anatomical and Pathological Society.

This society will meet in the auditorium of the Board of Health Building, William street, Newark, on Thursday evening, February 8th.

N. J. Charitable and Correctional Institutions.

Commissioner Stockton in his annual report strongly recommends an additional appropriation of \$40,000 for the proper care of purely custodial inmates at the State colony for feeble-minded males. He gives the following numbers of State wards.

The total number of State wards during the past year reached the aggregate of 19,444. Of these 9,614 were inmates of State and county hospitals; 1,726 in feeble-minded and epileptic institutions; 4,593 in institutions for criminals and delinquents; 1,021 in homes for soldiers or sailors and their wives; sixty-five cared for as blind, and 2,425 were in State or county sanatoriums for tuberculosis.

Of the criminals and delinquents 1,819 were in State prison, 1,272 in reformatories and 1,502 in juvenile reformatories. Of the insane patients 5,505 were in State hospitals and 4,109 in county hospitals.

Eugenics.—Eugenics should, therefore, not be allowed to deceive us into the belief that we should try to raise a race of supermen, nor that it should be our aim to eliminate all suffering and pain. The attempt to suppress those defective classes whose deficiencies can be proved by rigid methods to be due to hereditary causes, and to prevent unions that will unavoidably lead to the birth of disease-stricken progeny, is the proper field of eugenics. How much can be and should be attempted in this field depends on the results of careful studies of the law of heredity. Eugenics is not a panacea that will cure human ills, it is rather a dangerous sword that may turn its edge against those who rely on its strength. —**Franz Boas.**

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OF THE

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All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

DAVID C. ENGLISH, M. D., Editor,
New Brunswick, N. J.

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Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

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TO OUR MEMBERS—HAVE YOU PAID YOUR 1917 DUES? IF NOT, PLEASE DO SO TO-DAY, IN ORDER TO RECEIVE THE JOURNAL AND BE ENTITLED TO MEDICAL DEFENSE.

TO COUNTY SOCIETY TREASURERS—HAVE YOU FORWARDED THE DUES OF MEMBERS WHO HAVE PAID? IF NOT, PLEASE DO SO TO-DAY, IN ORDER THAT THEY MAY SECURE THE JOURNAL AND NOT BE RECKONED AS DELINQUENT.

THE TIME FOR ACTION.

"Legislators are assembling in Columbus. In a week or so the wheels of our great law-making machine will be well started on their biennial grind. It behooves us, as a great profession which by nature of things is largely responsible for the protection of the public health, to keep our wits about us and be ready to get in motion.

Bear in mind that the most effective work is done at home. The legislative committee-man of your county society should be in close touch with your representative. If he isn't he should resign and see that his successor meets this qualification. Our State headquarters at Columbus will keep your legislative committeeman in touch with the proposals pending before the Assembly. There our responsibility ends. Distinctly, it is the duty of the members of the county society to keep in touch with their legislative committeeman—to help him and to see that he is working to the best advantage.

We repeat: This is serious business. Is-

sues are shaping that will eventually revolutionize medical practice in Ohio, and will have a powerful bearing on public health. Our State Association is now large enough, and well enough organized to protect both the public welfare and our professional interests—providing each member and each county society works in harmony with the State plan."

So says the Ohio State Medical Journal and it applies as well to New Jersey. See articles on subsequent pages on Workmen's Compensation and State Health Insurance laws passed recently or proposed.

LEGISLATION NEEDED.

We give on another page some proposed amendments to the Medical Act, also to the Act for the Punishment of Crimes. The first of the amendments to the former act—to section 4, subdivision "E," allowing holders of certificates from the National Board of Medical Examiners to practice in our State without examination, there ought to be no objection to. The second—section 7—is thought by many to be an important one, and needs to be understood before we decide and act upon it. It creates a Medical Bureau, where information can be procured concerning all physicians practicing in the State; then it provides for a medical directory, giving complete list of doctors, to be frequently revised, with little cost and providing for a fund to be used in securing evidence for the prosecution of irregular practitioners.

This amendment would do away with the registering of diplomas with the County Clerk which has not been very satisfactory. It would require every physician to register each year with the State Board of Medical Examiners, paying one dollar each year; in return for which he would annually receive in January a directory with names and addresses of all physicians licensed to practice in the State. The money received by the Examining Board, above cost of operating expenses, would be set aside in a fund to be used in securing evidence against irregulars and quacks. We are informed that a similar plan is now in operation with dentists, architects and druggists with satisfying results. It has been said that such law would subject the physician to the trouble of registering every year and that failure to do so would require a penalty for each failure but he is notified each year a month before the fee is due, but the receiving of the directory

of the physicians of the State and the successful prosecution of illegal practitioners would compensate him for his trouble and insignificant fee.

The amendment to the Act for the Punishment of Crimes should certainly be passed by our Legislature. But while we urge careful consideration of these amendments to existing laws, we emphasize the vastly greater need of securing amendments to the Workingmen's Compensation law which does gross injustice to the medical profession in New Jersey. A determined and persistent effort should be made to change that law at the present session of our Legislature. Under its present provisions many physicians in our State have been compelled to attend sick and injured workingmen—some of whom were earning \$100 per month—and to relieve employers of just obligations for little or no pay, and in some instances the physician actually suffer pecuniary loss. We should have at least the compensation which the New York law provides for. We need also to be on the lookout for, and use every effort to defeat the proposed so-called Health Insurance law. We call attention to the articles on these unjust laws on another page, also to the editorials below.

"PUS AND POLITICS."

The Menace of So-Called Health Insurance.

From Medical Council, February 1917.

A Plot to force through a half-cooked so-called Health Insurance measure and make the General Practitioner a contract doctor under political dominion is immediately impending in the following States: Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Maine, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Washington, West Virginia, Wisconsin, Wyoming, States in which legislative sessions are held this year.

The Medical Council does not oppose proper Health Insurance to be provided for after the Medical Profession has had time to study the intricate problems involved and formulate proper legislation, but we are fighting the plot which would hastily jam through dangerous and unjust legislation formulated almost wholly by laymen. Doctor, read this, and then get busy.

Illionis Medical Journal says: "It is often noticeable that pus and politics go together;

and he who shaves the medical fee piles upon compensation expenses. A stingy man hires a poor surgeon and begets many infections and much disability. A firm in Bavaria spent \$8,000 in the highest priced medical fees and \$160,000 were saved in compensation expenses." Politics: medicine: incompetence: pus.

The American Association for Labor Legislation, an organization of sociologists and not of union labor workers, published under date of November, 1916, their third draft of a "model bill" for Health Insurance. They did so after thorough study, from *their point of view*; and they are entitled to much credit for their well-meant efforts. But active practitioners of medicine in the United States were very little consulted in the plan, and the rank and file of practitioners not at all. The amiable plot to which we refer consists in the actively promoted effort to jam this half-cooked, done-one-side bill through the lay-controlled legislatures of as many States as possible before the medical profession has a chance to "make a kick."

This editorial is not upon the many admirable features of Health Insurance, as such, but is directed at the weaknesses and injustice of this ill-considered legislation; and we urge its defeat and the postponement of *all* similar legislation until after the profession at large has had time—say two years—to study, along with all interested parties, every angle of this complex problem. If State medicine must come, let it come decently and in order—gradually, constructively, sanely and with proper regard to the rights and duties of the main party involved, the doctor. * * *

Unless the physicians wake up to their interests, yes. But the profession's waking up. We are upon an active committee in Pennsylvania and are "going after" the politicians hard. Conferences are being held here to defeat every move to push any health insurance through unless it is approved by the profession, and we prefer that none at all pass. If the profession sustains us until the menace is over, we have a good chance to win out in Pennsylvania; but if the profession goes to sleep what can a committee do? We know that equally energetic work is being done in some of the other States. Doctor, what is *your* State Society doing? What are *you* doing? It will do no good to get angry and swear. YOU MUST GET OUT AND WORK, AND DO IT NOW.

The Future.

Ultimately there will be a readjustment of the conditions of medical practice and it will be correlated to the public health work; but this desirable end will come to pass, not through politics, sociologists or insurance companies, but by the logic of the medical uplift now so auspiciously begun taking hold of more and more of the profession, until all will be in agreement upon a plan that will be so natural and simple no legislation that will impose any hardship upon any legitimate interest will be necessary to put it into effect. Until that time comes, it will be well for laymen to leave the medical profession alone; it will work out its own problems.

HEALTH INSURANCE.

A good many members, judging from the letters which we have received, do not seem to realize that the medical profession and particularly the Medical Society of the State of California, have been in close touch with the State Social Insurance Commission practically from its very beginning. A very active committee of the State Society, of which Dr. Rene' Bine of San Francisco is chairman, has been in constant touch with the Commission and with a number of other bodies which are all working earnestly and conscientiously together for the same purpose; first, to find out existing facts, and second, to suggest a proper method of bettering them. We need none of us have any anxiety over the possibility of hasty or ill considered legislation. In the first place, a constitutional amendment will probably be required before any legislation creating health insurance can be adopted. In the second place, from the very manner in which the Commission is studying the situation, it is apparent that the utmost consideration is to be given to the medical profession in considering the fact that its services are fundamentally essential to carrying out any plan of health insurance. Do not let us waste time or energy in thoughtlessly clamoring to oppose all such legislation. Such an attitude is worse than useless. It not only is useless, but it creates an antagonism instead of stimulating co-operation. Every county society in the State should give these matters the most careful thought and attention, and should in every way possible urge upon our members the necessity for co-operating with the committee of the State Society and with the State Commission in the study of this problem.—California State Journal.

TRUSTEES' MEETING.

At the meeting of the Board of Trustees of our Society, held at the Trenton House, Trenton, January 13th, the Committee of Arrangements of the Sesqui-Centennial meeting made its final report, the main facts of interest to the trustees and the members of the Society being that the committee paid back to the Society's treasury of the amounts received nearly \$175, and also articles of permanent value, costing nearly \$100. Dr. Henry B. Costill was appointed the Society's delegate to the A. M. A. Congress on Medical Education, Public Health and Medical Licensure. The date and place of the next annual meeting, after considerable discussion, was left with Drs. English, Marvel and Gray, with power to make final decision.

SANATOGEN—THE HUMORS OF WAR.

Even the European war with all its horrors is responsible for some human actions which add to the gaiety of nations. By turning to the London letter in this issue, readers of The Journal will learn that the British-made Sanatogen, which for some years has been made in England, is no longer to be manufactured—as Sanatogen! This glorified *Schmierkase* combination is now going to be made in the British Isles by a British concern and sold under another meaningless but equally euphonious name. The English have evidently made up their mind that if they are going to be humbugged it shall not be with a German product. Surely this is patriotism raised to the *n*th power. One is reminded of the classic advertisement of a storekeeper: "Why Go Elsewhere and Be Humbugged; Come in Here."—A. M. A. Journal, Dec. 9th.

We are very glad to welcome the Rhode Island Medical Journal—the latest addition to the list of State Society Journals—born on the incoming of the New Year 1917. Judging from the character of its first issue, we believe it is destined to have a long, vigorous and prosperous existence. We congratulate the Rhode Island Medical Society, its Publication Committee and the Editor most heartily as we place the Journal on our exchange list.

We have received from Dr. H. E. Tuley, secretary-editor, notice of the change of name of the Louisville Monthly Journal of Medicine and Surgery to the Mississippi Valley Medical Journal and requesting us

to change the name of the Journal on our exchange mailing list, adding—"we very greatly appreciate the courtesy of exchange of your valued Journal."

We congratulate the Mississippi Valley Medical Association on this change and assure Dr. Tuley that we also appreciate the courtesy of the exchange.

It was the editor's very great privilege recently to pay a brief visit to our Society's very highly respected Fellow and one of our own most esteemed personal friends, Dr. David St. John, at his home in Hackensack. It was a great sorrow, however, to us, as we know it is to all our members, to learn that he has been confined to his home—most of the time to his bed—since last June. We found him, however, as always, deeply interested in our Society and its work and wishing for it and its members the greatest possible prosperity. We found his condition somewhat improved and we know that our members unite with us in wishing and hoping for his recovery.

Dr. J. R. Brown of Tacoma, Wash., whom we had great pleasure in welcoming as one of our honored guests at our Sesqui-Centennial Celebration last June, in his President's Address on "Some Needs of the Profession," at the 27th annual meeting of the Washington State Medical Association, at Seattle, said:

Unfortunately we as medical men are not well balanced. We recognize three classes of doctors. First, the dollar chasers; second, the self-sacrificing humanitarian; and third, the scientific investigator. The first sees only money and what it will bring for himself. The second sees only humanity and he bleeds for it and is bled by it. The third often loses sight of both money and humanity in his effort to get at the truth. The ideal physician should be an harmonious blend of all three. This he cannot be without first obtaining the broadest culture and the highest scientific attainment of which he is capable as well as a true prospective of his place and relation to his fellowmen.

The State Department of Health, by the resignation of Dr. Millard Knowlton, loses one of the ablest and most efficient members of its official staff, which is much regretted by the members of our profession and others interested in the department's work. His editorship of the monthly health

bulletin was most practically and ably conducted. His large number of friends wish him greatest success in the further prosecution of his studies in health administration at Harvard University this winter.

CORRESPONDENCE.

N. J. Joint Conference on Tuberculosis.

My dear Dr. English:

At the last meeting of the executive committee of the New Jersey Joint Conference on Tuberculosis I was elected secretary for the coming year, and as such, was asked to write you and say that the New Jersey State Medical Journal was made the official organ for the publishing and reporting of the joint conference held in Newark, December 4th, 5th and 6th, 1916. The conference also wishes me to express their appreciation of your kindly efforts on behalf of this cause.

Cordially yours,

Ernest D. Easton, Secretary.

WARNING ! !

The Editor warns doctors against leaving valuable books, or other articles they value, in their outer office when they are absent and leave no one to guard against theft.

While I was visiting patients one day recently, a man entered my office and cut out the entire list of New Jersey physicians from my new edition of the A. M. A. Medical Directory. The list was in the directory in the morning and it was gone when I looked for an address in the evening. While I have strong circumstantial evidence as to the party, I am not yet able—as I hope to be a little later—to make my warning more definite. I desire to express thanks to the American Medical Association for a copy of the list of New Jersey physicians which is of special value in my editorial work.

D. C. English.

Proposed Amendments to Laws Affecting the Profession.

Amendments to the medical act:

Amend Section 4, Subdivision "E" by adding thereto the following:

"Any applicant for license to practice medicine or surgery upon proving to the satisfaction of said board that he is of good moral character, and that he is the holder of a certificate issued by The National Board of Medical Examiners of the United States showing that he has been admitted to and has successfully passed the medical examination given by said board, shall be granted a license to practice medicine and surgery in this State without further examination upon the payment of a fee of Fifty dollars."

Amend Section 7 so as to read as follows:

7. Every licensed physician shall procure from the secretary of said board on or before the first day of November, one thousand nine hundred and seventeen, and on or before the first day of November annually thereafter, an annual certificate of registration, said certificate shall be issued by the said secretary upon the payment of a fee of one dollar; it shall

be the duty of the said secretary to mail to each licensed physician in this State on or before the first day of October, one thousand nine hundred and seventeen, and on or before the first day of October, annually, thereafter, a printed blank form to be filled in by such licensed person, which form shall be returned by such licensed person on or before the succeeding first day of November to the secretary of said board properly filled in together with a fee of one dollar. Upon the receipt of said form properly filled in and said fee the annual certificate of registration shall be issued and transmitted. Said secretary shall annually on or before the first day of January in each year mail to each licensed physician who has registered for the preceding year a printed list containing the names and post office addresses of all licensed physicians who have registered under this section for said year. Every licensed physician who shall continue the practice of medicine after having failed to secure any annual certificate or registration at the time and in the manner required by this section shall be subject to a penalty of ten dollars for each such failure, which said penalty shall be sued for and recovered by the said board in the manner now provided for the recovery of penalties incurred for violation of other provisions of this act. The moneys received by said board for registration fees and penalties under this section shall be used by said board for the purpose of defraying the expenses of enforcing the provisions of this act.

An act to amend an act entitled "An act for the punishment of crimes (Revision of 1898)," approved the fourteenth day of June, eighteen hundred and ninety-four.

BE IT ENACTED BY THE SENATE AND GENERAL ASSEMBLY of the State of New Jersey.

1. Section 119 of the act of which this act is amendatory be and the same hereby is amended to read as follows:

119. Any person who maliciously or without lawful justification, with intent to cause or procure the miscarriage of a woman then pregnant with child, shall administer to her, prescribe for her, or advise or direct her to take or swallow any poison, drug, or medicine or noxious thing; or who maliciously or without lawful justification, shall use any instrument or means whatever, with the like intent, shall be guilty of a high misdemeanor and (punished accordingly) shall be punished by imprisonment with or without hard labor as the court may direct for any term not exceeding seven years, or by such imprisonment and fine not exceeding two thousand dollars; and if the woman or child die in consequence thereof be punished by imprisonment at hard labor for any term not exceeding fifteen years or by such imprisonment and fine not exceeding five thousand dollars (fine not exceeding five thousand dollars, or imprisonment at hard labor not exceeding fifteen years, or both). If any person convicted of violation of this section is licensed or authorized to practice medicine and surgery or osteopathy or midwifery under the laws of this State, such conviction shall ipso facto revoke such license or authority or right to practice. If such conviction

is set aside on appeal the entry of such judgment on appeal shall restore such license but pending the entry of judgment on such appeal such license or authority or right to practice shall be suspended and without force.

2. This act shall take effect immediately.

State Health Insurance.

It has been announced that bills providing for Health Insurance will be introduced this winter into the Legislature of twenty-five States.

Dr. Eden V. Delphey of New York City has given the subject very careful consideration. In his paper, published in the New York Medical Journal on "Compulsory Health Insurance from the Viewpoint of the General Practitioner," he lays down five fundamental propositions which in his opinion should be included in every Health Insurance bill. He argues that they are necessary to protect the general practitioners and, consequently, to secure their co-operation. They are as follows:

1. Adequate and proper representation on the Commission, Councils, and on all other boards having to do with medical matters.

2. The formation of lists or panels of physicians, on which list or panel every legally qualified medical practitioner shall have the right to have his name recorded.

3. The sick insured wage-earner shall have the right to choose any panel physician or any panel to attend and treat him, subject only to the acceptance of the patient by the physician.

4. The insurance carriers shall make all contracts for medical attendance and treatment only with organizations composed of the physicians of one or more panels in an insurance district, to which organization every panel physician must belong.

5. Impartial referees—medical officers—appointed by the Commission and paid by the State, who shall decide when an insured wage-earner is incapacitated by illness, when he has recovered and can return to his work; whether he shall go to a hospital or remain at home; determine the character and efficiency of the medical service, and act as experts to the Commission and Councils.

As the Ohio State Journal says: The consideration of the subjects of Workingmen's Compensation and Health Insurance makes it absolutely necessary that we improve and strengthen our State and county medical organizations to the last degree. Insuring adequate recognition of our profession under this new system, we will need an organization of maximum strength. This is being demonstrated almost daily.

Workingmen's Compensation.

The Vanderburg County, Indiana, Medical Society has passed a resolution, notice of which appears elsewhere, which favors an amendment to the Workmen's Compensation Act whereby an injured employee shall have the right to select his own medical or surgical attendant instead of being compelled, as at present, to accept the services of the physician or surgeon designated by the employer. This is a matter which should be of interest to employers of labor as well as to employees. It is no more than fair that the employees should have

the privilege of selecting his own medical attendant, and it is quite probable that in the majority of instances, under such a plan, thoroughly competent physicians would be selected, and this, of necessity, must be a matter of interest to the employer.

Workingmen's Compensation Laws.

Dr. Frederick L. Van Sickle at the annual meeting of the American Academy of Medicine read a paper on "Social Insurance Against Accidents (Workingmen's Compensation Laws)," from which we take the following extracts:

Physicians' Compensation.

The history of medicine from the days of Aesculapius and Hippocrates, placing medicine on so difficult a plane with the question of recompense, or in other words, the question of workman's hire, has shown it to be the most difficult, irregular, irresponsible business asset that any class of men could have accepted in any walk of life.

Recompense for services rendered has been almost the last thought for many generations, of men, and later women, engaged in the healing art. This early training and moulding of thought has had much to do with the stagnant and apathetic condition pervading the great mass of the profession, so much so that business matters failed to receive the attention or discussion that has been so marked in almost every walk of life and business profession other than ours.

It makes it very difficult, therefore, to enter into a discussion of the business side of the profession, even as it relates to the modern assets of our business, to the newer phases that have been thrust upon us by the kaleidoscopic change in the business world.

We have ever been loathe to discuss the question of wages, or income, or salary, or fees, with that serious, solid, business sense that should have received a much earlier consideration at our hands, and as a result the condition of the medical profession this day is almost at the same ebb as that of our forefathers. Many of the things that have occurred to us in a business way have been through our own lack of interest in the financial side of the work and much can be laid at our own doors from our own apathy.

When we consider how little attention has been paid to the various legislative acts during their discussion in the public press, in public assemblies and in legislative halls, we cannot but agree with the statement made February 24, 1916, by Harry A. Mackey, chairman of the Workmen's Compensation Board of the State of Pennsylvania, when he says:

"If the medical men feel that the Pennsylvania Act is somewhat restrictive upon their profession, it might be well for them to remember that probably they did not take the same care of their interests that the employer and employee did at a time when their advice would have been very welcome and most instructive."

He also gives us this advice:

But we are in a period of experimentation and if the next twelve months' experience with this law proves that your (medical) profession has any real grievance, the Board will feel itself commissioned to present those results to

the next Legislature for the purpose of correction.

The same thought should be capitalized by medical men in every State, should be a stepping-stone upon which to advance their interests, financially and economically, when new acts are to be framed under workmen's compensation laws.

The following is the summary concluding Dr. Van Sickle's paper:

Workmen's compensation laws are here to stay. They are of immense benefit to the industrial community when properly drawn and properly applied. To the medical profession, from the point of effecting the physicians' recompense, they have the advantage of certainty of payment, a fair degree of continued service throughout the year, offering an opportunity to take industrial accident work and at the same time carry on the usual every-day practice, especially in smaller communities where not under specific contract by corporations. This method of compensation under industrial laws tends to offer the opportunity to specialize and become more proficient on the part of those desiring to undertake this class of work.

A better understanding of the law in each individual State, under which the physicians and surgeons are working, will have a tendency to make possible a better compliance with the law and as a result have harmonious work established between the commission or board applying the law and the physicians of that State, and whenever unity among the physicians of the State is established legislative co-operation must and will be brought about.

We give the provisions of the laws in Massachusetts, New York and New Jersey, affecting compensation of physicians:

Massachusetts—If employee leaves no dependents, reasonable expense of last sickness, which shall not exceed \$200. (Burial expenses included in this amount). Massachusetts has no fee bill, the amount being paid as is usual for case of like condition when paid by employee.

Liability of the employer for medical aid unlimited and in case he fails to furnish or tender the same, the employee, or some one for him, may make the employer liable therefore.

New York—Medical, surgical and hospital service, nurse, medicines, crutches and apparatus furnished during 60 days after injury; fees and other charges for treatment regulated by commission and limited to such charges as prevail in the same community for similar treatment of injured persons of a like standard of living. Medical, nurse and hospital services and medicine not to exceed the sum of \$200 in any instance.

New Jersey—First two weeks reasonable medical and hospital services and medicines as and when needed, not to exceed \$50 in value, unless employee refuses to allow them to be furnished by the employer.

The Texas State Journal of Medicine for October concludes an editorial article on the "Texas Liability and Compensation Act" with these words: "The law is fine for the employer; good for the working-man; questionable for the doctor; and most disastrous for the law-

yer." It follows this article by a second on "The National Health Insurance Movement" from which we copy the following paragraph:

For many years physicians have been campaigning persistently to awaken the public to demand better health protection. Health insurance is the result. To make a perfectly cold-blooded statement the people propose to solve the problem by drawing on the State treasury and employers for a part of the cost, by taxing themselves equally for the remaining expense and with funds so raised to secure their medical service at rock-bottom rates. The time has now arrived when it is necessary for the medical profession to immediately consider under what terms and plans public health interests, and its own interests as well, can be best served. It is perfectly plain that the self-sacrificing, public-spirited, uncommercial disposition shown by the medical profession in behalf of public health will not in any large degree be reciprocated by the public when bargain-day for medical service in health insurance arrives.

Editorials from Medical Journals

A Menace to the Medical Corps of the Navy.

From the Medical Record, Jan. 27.

The profession of this country has always been proud of the medical corps of the Army and Navy, regarding them as services where merit alone counted, and where influence and nepotism had no power. For this reason the nomination by President Wilson of a passed assistant surgeon in the Navy, a relative by marriage and his personal physician, to the rank and pay of rear admiral can be regarded as nothing less than a blow to the medical corps, which, if successful, will work lasting injury to this important branch of the service. The lieutenant who is thus to be rewarded for personal services at the expense of the country and of his fellows in the medical corps (the attempt is made to pass him over the heads of more than one hundred of his superior officers) is no doubt a capable physician, and is socially popular, but has seen much less service than many of those below him in rank, having spent a large part of his life since his appointment to the Navy in Washington, and has never evidenced the "eminent and conspicuous conduct in battle or extraordinary heroism" which alone would entitle him, according to revised statute 158, to advancement "not exceeding 30 numbers in rank." There is great difficulty now in securing a sufficient number of highly educated men to fill the vacancies in the medical corps of the Navy, and in the future, if politics and favoritism are to be allowed to determine promotion in the service, it is quite certain that the young medical graduate will prefer to remain in civil life, where he can make honest effort tell.

The Health Insurance Peril.

From the Medical Times, January.

At the November meeting of the New York County Medical Society Dr. Kopetsky submitted his report on health insurance. The report contained a number of so-called constructive recommendations. The society resisted its adoption with commendable unwill-

ingness to commit itself on such a dangerous subject after insufficient consideration.

The sharp and endless discussion to which the proposed insurance bill gives rise in our societies at this time is simply a forecast of the same sort of thing, raised to the nth degree, after the bill becomes the law of the land, for it is to be expected that when the bill becomes operative we shall fall into the same slough of despond in which our English brethren have wallowed. That is to say, we shall give most of our time in the societies to the everlasting discussion of health insurance matters, to the practical exclusion of scientific ones.

That is the prospect, for there is not much doubt that this monstrous piece of palliative legislation will be slipped over upon us by the reactionaries who are accelerating it. It is not of our own making, but is being imposed upon us, aided and abetted by a certain type of medical men allied in many ways with the reactionary interests of the country, and for the obvious reasons more than willing to serve them, his own professional interests not being at all the same as those of the class who are to be exploited under the act.

Birth Control.

From the Kentucky State Med. Jour.

The chief argument of the birth control propagandists seems to be, that fewer children would mean better children physically, mentally and morally.

The history of nations does not support this contention. Tacitus in his history of Germany written about the end of the first century of the Christian Era, says of the Germans: "To restrain generation and the increase of children is esteemed an abominable sin." It appears at that time that this was an historical condition with them which has been maintained ever since.

As would naturally follow, chastity of her women was practically universal, for he wrote again: "To a woman who has prostituted her person, no pardon is ever granted."

The very opposite seems to have been the custom of the French people, as their birth and death statistics for the past century so well show. Compare the virility and the mentality of the two nations for the past fifty years and the argument of the birth control propagandists loses its potency.

Morally they appear to be about the same from a civic standpoint, as the doctrines of the German Nation to-day are about the same as those of Napoleon a little over one hundred years ago.

E. A. S.

Smallpox and Medical Freedom.

From the Lancet.

In two cities of Minnesota smallpox is now epidemic, but the people of Minnesota have medical freedom, which seems much more precious to them than immunity from smallpox. They seem to say as between smallpox and compulsory vaccination, we prefer smallpox.

The history of the disease in Minnesota for the years 1913, 1914, and 1915 furnishes some interesting, but apparently not very convincing, data. Of the large number of cases recorded in those years one and one-half per cent. had

been successfully vaccinated within seven years prior to sickness, and six per cent. had been vaccinated over seven years prior to the attack of smallpox. This leaves ninety-two and a half per cent. who had never been successfully vaccinated, but they had enjoyed perfect freedom.

The eagles of 92.5 per cent. of Minnesota's intelligent population scream, Give us freedom, even though we have smallpox with it! We say, Amen! if the smallpox will attack only the creators of the public opinion that demands freedom.

Therapeutic Notes.

Relief for Itching.—The following prescription, while an old one, can be relied upon to give decided relief in cases of itching from various causes:

Menthol, gr. vi.
Methyl salicylate, gr. xxx.
Oxide of zinc, 3ij.
Lanoline, 3ij.
Vaseline, 3ij.

This ointment may be applied over the affected area.—Bulletin general de therapeutique.

A Bladder Sedative.—This prescription is offered as a remedy in the majority of forms of bladder irritability, except where there is strong alkaline decomposition:

Potass. citrat, grs. x-xx.
Sodii bromidi, grs. x-xx.
Tr. belladonnae, min. v-xv.
Tr. hyoscyami, min. xx-xl.
Infus, buchu (recentis), ad 3j.
Misce. Ft. mist.

Sig.: Two tablespoonfuls in water every four or six hours.

Mercurials as Specifics for Gonorrhea.—Dr. Pereira of Rio de Janeiro has developed a treatment for gonococcus disease which is based on a quasi specific or selective action of biniodide of mercury when injected into a vein. The most striking results have been seen in acute gonorrheal arthritis. From 10 to 36 injections will eradicate the gonococcus disease.—Brazil Medico.

Treatment of Urticaria with Ichthyol Given Internally.—Dr. Satre states that urticaria is common among the troops due in some way to abuse of preserves and meat diet. Ichthyol internally is the best remedy available for these cases. Thus a soldier after a meal of canned meat broke out with violent urticaria. After failure of menthol and antipyrine, ichthyol internally produced a permanent disappearance of the wheals within half an hour.—Journal de medecine et de chirurgie pratiques.

Digitalis and Physostigmine as Hypotensive Remedies.—Danielopolu. (Presse. Medicale, June 5, 1916) states that prolonged observations in thirty-two cases had convinced him that digitalis never raises but often lowers the blood pressure. Its hypotensive action seems to be more marked if a suitable dose of physostigmine had been previously given.

Treatment of Pneumonia with Creosote Inhalations.

Dr. Beverly Robinson, in the N. Y. Medical Journal, says: One of the most important things to be constantly borne in mind in the prophylaxis and treatment of pneumonia is, in my judgment, the proper and efficient use of beechwood creosote by means of inhalation. This I have dwelt upon time and time again, and latterly in the last issue of American Medicine. To those who are willing to believe the experience and convictions resulting from life long service, I would earnestly refer them to that article on the treatment of pneumonia. I hereby reaffirm there is absolutely nothing so simple, so effective, so harmless in the prophylactic and curative treatment of croupous pneumonia and also catharral pneumonia, as inhalations of warm creosote vapors from the ordinary croup kettle filled with water and allowed to simmer over a lamp burner stove, what not, in a more or less continuous manner during the inception and continuance of pneumonia. Further I venture to affirm, no nurse or attendant will take it from the patient thus treated.

Chloral in Cardiovascular Affections.—Dr. Martinet, in Presse Medicale, calls attention to the warning given in numerous text-books against the use of chloral (formerly chloral hydrate) in cardiovascular disorders, which has done harm by preventing the use of this agent for hypotensive purposes, for which it is more efficacious and less injurious than the nitrites. Depression of the myocardium does not occur, he declares, until enough has been given to dangerously depress the respiratory centers and those that regulate the heart. Daily doses of twenty-eight grains of chloral have in a number of instances been given to tetanus patients without harm to the circulation. The chronic toxic effects of chloral are exerted chiefly on the nervous centers, including especially the vasomotor centers, but to no special extent on the heart. Clinically, chloral combined with bromides is one of the best agents for the general relief of general and circulatory spasm. While chloral is indicated in conditions of neurocardiovascular, hypotension with insomnia, high blood pressure and oliguria, it is contra-indicated in neurocardiovascular asthenia, low pressure, and somnolence with or without reduced urinary output.

Saw palmetto is worth investigating as a remedy for conditions of irritable weakness of the senile bladder. Use the remedy alone.

One way to make yourself a good doctor is never to give a drug unless you know just what you expect it to do.

The more closely men study drug action and apply drugs with definite reason, the more they tend to the use of remedies singly.

The key to most of our puzzles and to clinical success is that which unlocks the bowels.

For hypodermic administration of camphor, a freshly prepared 10 per cent solution, in sterilized olive oil is the best; 15 to 75 minims may be injected. This will often stir up a flagging heart when nothing else will.

Itching is either parasitic or toxemic. The man who treats skin disease locally without investigating causes would be a back number—only there is no such animal.—Medical World.

Hospitals; Sanatorium.

Barnert Memorial Hospital, Paterson.

Former Mayor Barnert, who gave to the city this hospital, recently offered to give double what any one else contributed to build a nurses' home for the hospital and in a few minutes \$6,000 were pledged.

Cooper Hospital, Camden.

The monthly report for December was as follows: In hospital December 1st, 100; admitted during month, 216; discharged during month, 159. Admitted during the year 1916, 6,182—ward patients 5,569; private patients, 613.

Dover General Hospital.

This hospital closed its first year on January 9 at its annual meeting. During the year 347 patients were admitted, 150 of whom were operated upon, of whom 13½ per cent. were free patients. \$19,523 were expended for remodeling, equipment and maintenance.

Morristown Memorial Hospital.

Dr. George B. Landers took up his duties as superintendent of the Morristown Memorial Hospital on January 2. He comes from the Presbyterian Hospital, New York, where he was assistant superintendent.

According to the provisions of the will of Mrs. Mary W. Harkness, the Morristown Memorial Hospital will receive \$100,000 for an endowment fund and the Morris County Children's Home of Morristown will receive \$5,000 for general purposes.

Orange Memorial Hospital.

This hospital receives a legacy of \$25,000 from the estate of Alfred B. Jenkins, who died December 28, 1916. It has also received a bequest of \$5,000 from Mrs. Jessie R. Barr, widow of William Barr of West Orange.

Psychopathic Ward, Newark City Hospital.

The Essex County Grand Jury last month made the following presentment:

"We find that a psychopathic ward is of great value in a hospital, and we find that the psychopathic ward in the City Hospital is inadequate to meet the present needs, and we recommend that proper steps be taken at once by the proper authorities to remedy this need and to provide an adequate psychopathic ward, in order that this necessary feature of hospital work may be satisfactorily done."

St. Barnabas' Hospital, Newark.

In order to care for the increasing demands on the orthopedic department of St. Barnabas' Hospital, Newark, Dr. Robert E. Soule, orthopedic surgeon, has added another clinic day—Mondays at 4 P. M.—for the reception and treatment of cases of bone and joint diseases and deformities and for the after care of cases of infantile paralysis.

The contract for the construction of the new laboratory building for St. Barnabas' Hospital was awarded last month to Fred Kilgus, Inc., at \$10,000. The building will be of brick and work will be started as soon as the weather permits.

Bonnie Burn Sanatorium.

Dr. J. E. Runnells, superintendent reports for December: In sanatorium December 1, 95 patients—62 men, 33 women; received during the month, 7 men and 3 women of whom 8 were advanced cases and 2 moderately advanced.

Overcrowding in Insane Hospitals.—A special message sent to the State Legislature by the New York State Hospital Commission on January 10 contains the information that at least \$2,000,000 a year for the next five years must be spent by the State to take care of the overcrowding in the insane hospitals. There are now, it is stated, 34,000 insane persons in hospitals which have a capacity of only 28,000, and, as a result, assaults and accidents have increased, the death rate has risen, and the recovery rate has fallen. The commission favors using the appropriation for constructing a new hospital at Mohansic, in the construction of new buildings on a State-owned site near Utica, where 1,500 insane of New York City could be sent.

The Obligation of the Hospital to Its Internes.—To demand a year or more of time of a young man just leaving the medical schools after having undergone all the sacrifices necessary to his medical education is a serious matter, Baldy well states in the Journal A. M. A., especially when we consider the age at which the average medical student leaves the medical school. Consequently when the State demands an internship of a period of time in a hospital, it is bound to see that the hospital providing this internship is capable of returning to the interne a competent quid pro quo for his time and his sacrifice. This means the standardization of hospitals, just as medical schools have been standardized and are still in process of being standardized.

Proposed Navy Hospital Ship.

The projected naval hospital ship, construction of which has been authorized, will be the first vessel designed and built for this purpose by any nation, according to Surgeon General Braisted, whose annual report was made public recently. Every convenience of an up-to-date shore hospital has been provided for and provision will be made to accommodate 300 patients in peace times and 500 in war.

The ship will carry special stabilizers to minimize rolling and pitching, laboratories for surgical and medical work, complete X-ray equipment, and, in the holds, a full shore-going hospital outfit, including ambulances.

"When completed," the report says, "it is believed the ship will represent a model ship of this class for many years to come, and her usefulness may well be expected to continue during the lifetime of those who had a hand in her designing."

Deaths.

ADAMS—At Beverly, N. J., January 5, 1917, Dr. Ellsworth Smith Adams, aged 53 years. He graduated from the Jefferson Medical College, Philadelphia, in 1890.

ANDERTON—At Morris Plains, on January 2, 1916, Dr. George A. Anderton, aged 35 years.

Dr. Anderton was an assistant physician in charge of the male patients at the new building of the State Hospital at Morris Plains. He graduated from the Baltimore Medical College and went to Morris Plains seven years ago. His death was caused by diabetes.

COLEMAN—At a private sanatorium, Stamford, Conn., November 27, 1916, Dr. Frederick Frelinghuysen Coleman, of Asbury Park, N. J., aged 52 years, from disease of brain.

HART—At Pennington, N. J., January 28, 1917, Dr. Edgar Hart, aged 61 years. Dr. Hart was born in Pennington, April 25, 1856. He was the eldest son of Dr. Israel Hart. He graduated from the Medical Department of the University of Pennsylvania in 1878.

TITUS—At Hightstown, N. J., January 4, 1917, Dr. George Everett Titus, from cerebral hemorrhage, age 61.

Dr. Titus was born in 1855; graduated from the Bellevue Hospital Medical College in 1877; was a member of the Mercer County Medical Society, the Medical Society of New Jersey and a Fellow of the American Medical Association. He was at one time a member of the Hightstown Common Council.

RADUE—At Union Hill, N. J., December 26, 1916, Dr. William F. Radue, aged 55 years. He was a graduate of the New York University Medical Department in 1888.

WHITE—At Bloomfield, N. J., December 28, 1916, Dr. William H. White, aged 79 years. Dr. White graduated from the medical department of the University of Pennsylvania in 1860. He was a member of the Essex County Medical Society, The Medical Society of New Jersey and the American Medical Association.

ALPAUGH—At High Bridge, N. J., January 9, 1917, Mrs. Susan L. Alpaugh, widow of Dr. William C. Alpaugh, aged 73 years.

IN MEMORIAM.

Dr. Richard H. Parsons.

Minute adopted by the Burlington County Medical Society.

Dr. Richard H. Parsons, a valued member of this society, departed this life on November 11, 1916. He was born in Mt. Holly, N. J., in 1859. He attended the Medical College of the University of Pennsylvania and graduated from that institution in 1880. He immediately opened an office in his native town and practiced there with signal success until his death. His rise was rapid as a physician and he soon built up an extensive practice—equal to that of older practitioners in his locality.

Soon after being established in the early

'80's, the project of erecting and maintaining a hospital for the county was taken up and canvassed with the result that an institution was erected which is a credit not only to the community but to the donors and those who contributed to it. Dr. Parsons served very acceptably as the superintendent of the hospital for thirty-two years. He also has had many other official positions which he filled with great credit. He was medical director of the Burlington County Hospital for the Insane at New Lisbon, since its erection fifteen years ago; for many years he was inspector for the Board of Health of Mt. Holly; also medical inspector for the Mt. Holly Public schools, having been chosen for this responsible position when the office was created. In all these lines he was ever active and alert, attentive and ready to adopt and carry out anything which would lead to betterment in the various departments. He was considered an expert on insanity, and many times he was called to testify in civil and criminal cases of great importance. Notwithstanding the demands of his practice and the many matters requiring his official attention, he was interested in the development and improvement of his native town and aided all possible efforts in that direction. He was interested in the Building and Loan Association; Union National Bank; Mt. Holly Safe Deposit and Trust Co., being president of the Loan Association and a director in the two financial institutions. He did not omit his church in the many and exacting daily duties, and served as a vestryman of St. Andrew's Church for many years. He also found time to devote a portion to various lodges, being a member of the Masons, Elks, Odd Fellows, etc.

As our members know, Dr. Parsons was a member of the New Jersey Society as well as other medical associations, and always attended the meetings when possible, several times being present at considerable sacrifice. Most of our members were intimately acquainted with him and knew of his admirable qualities as well as his ability. He has been president of this society and always took a deep interest in its welfare. We shall miss his presence and kindly and courteous greeting hereafter. We feel that by his death not only this society, but the profession and also the county, has suffered an almost irreparable loss. We cherish his memory and can point to his record to show what one man can do in a short lifetime. Surely this must be an inspiration to young men to emulate.

R. C. Barrington,
Joseph Stokes,
J. B. Cassaday.

Personal Notes.

Dr. Charles S. Braddock, Haddonfield, was stricken with paralysis last month, but is reported as improving.

Dr. J. B. Cassaday, Burlington, last month was elected president of the local Board of Health.

Dr. Harold D. Corbusier, Plainfield, was re-appointed last month by the City Council a member of the Board of Health and was subsequently re-elected its president.

Dr. Virgil H. Cornell, Cedar Grove, was appointed first assistant staff physician, Overbrook Hospital, recently.

Dr. Henry P. Dengler, Springfield, was recently appointed health inspector of Union Township by the Board of Health.

Dr. William S. Disbrow, Newark, was on January 3 re-elected president of the Newark Board of Health—this will be for the third consecutive year.

Dr. E. Moore Fisher, Greystone Park, has been placed in charge of the Industrial Work at the Morris Plains Hospital.

Dr. Frederick W. Flagge, Rockaway, delivered the first of a series of lectures given by the auxiliary of the Dover General Hospital, last month, on "First Aid Measures in Accidents and Illness."

Dr. Theodore B. Fulper, Hampton, has been appointed borough physician.

Dr. Sherman Garrison, Cedarville, was confined to his residence by grippe a few days last month.

Dr. Barth. M. Howley, New Brunswick, has moved into his new office, 419 George street.

Dr. T. B. Lefferts, Belvidere, has been appointed town physician.

Dr. E. B. Luffborrow, Plainfield, was recently elected secretary of the City Board of Health.

Dr. Emanuel D. Newman, Newark, has been appointed a member of the Newark Board of Health.

Dr. Frederick W. Owen, Morristown, spent a few days at Washington, D. C., last month.

Dr. Guy Payne, Cedar Grove, was re-elected last month medical superintendent of Overbrook Hospital.

Dr. Clarence A. Plume, Succasunna, has been elected a member of the Roxbury Township Committee for a five-year term.

Dr. Edward A. Y. Schellenger, Camden, was recently re-elected police and fire surgeon of Camden.

Dr. G. Herbert Taylor, Maplewood, was elected last month president of the South Orange Board of Health.

Dr. Harry Vaughan, Morristown, entertained the Prohibition Alliance, one evening last month.

Dr. Peter B. Cregar, Plainfield, who underwent an operation in the Post-Graduate Hospital, New York City, has returned home and resumed practice.

Dr. Harold D. Corbusier, Plainfield, has resigned his commission as major of First Field Hospital, N. G., N. J., on account of his increased professional work.

Dr. James Douglas, Morristown, entertained the Morristown Medical Club at his residence on the evening of January 31st.

Dr. William Meyer, West Hoboken, has a paper in the Medical Record on "A Modified Method in Tuberculin Therapy."

Dr. Mahlon C. Smalley, Gladstone Park, was recently elected senior warden of Prospect Lodge, No. 24, F. and A. M.

Dr. Martin J. Synnott, Montclair, had a paper in the December 16 Medical Record on "The Fallacy of Intestinal Stasis."

Drs. Sylvan C. Bushey and Grant E. Kirk, Camden, were elected last month directors of the Broadway Trust Company of Camden.

Dr. Frank C. Bunn, Orange, and wife spent a week last month at Atlantic City.

Dr. Arthur W. Condict, Dover, took a business trip to Chicago, Ill., last month.

Dr. Henry B. Epstein, Newark, had a paper in the American Journal of Surgery, January, 1917, on "Some Surgical Considerations Concerning the Operation for Goiter."

Dr. Matthew K. Elmer, Bridgeton, was elected a director of the Cumberland National Bank last month.

Drs. Ralph J. Iszard and William S. Long, Haddonfield, were confined to their homes by illness last month.

Dr. Alexander MacAlister, Camden, was recently appointed by the Mayor, a trustee of the Carnegie Library for five years.

Dr. Victor Mravlag, Elizabeth, Mayor, represented that city last month at a conference in Newark of the executive committee of the League of N. J. Municipalities.

Dr. William Martin, Atlantic City, was elected last month second vice-president of the Medical Club of Philadelphia.

Drs. David H. Oliver and Stacy M. Wilson, Bridgeton, were elected directors of the Cumberland Trust Company and Dr. Walter P. Glendon was elected a director of the Farmers and Merchants National Bank, all of Bridgeton.

Dr. William H. Pratt, Camden, was elected in November coroner of Camden County.

Dr. Robert H. Randall, Hackettstown, addressed the Social Service Brotherhood there January 24 on Eugenics.

Drs. George A. Van Wagenen and William R. Ward, Newark, were re-elected last month medical directors of the Mutual Benefit Life Insurance Company.

Dr. Henry B. Whitehorne, Verona, was appointed recently physician of the Verona Board of Health.

Dr. Robert H. Woodruff, Hackettstown, was elected last month president of the Hackettstown Club; he served eight years as its secretary.

Dr. W. Leslie Cornwell, Bridgeton, was confined to his home by sickness last month.

Dr. Fred C. Gray, Bayonne, was recently appointed medical inspector of schools at \$1,200 salary and Dr. M. J. Weiss assistant inspector at \$900 salary per year.

MEDICAL EXAMINING BOARDS' REPORTS.

	Exam.	Passed	Failed.
Colorado, October ..	12	8	4
Connecticut, July† ..	24	12	12
Dist. Columbia, Oct.	15	10	5
Hawaii, Sept.	11	11	0
Georgia, October ...	12	7	5
Idaho, October	12	12	0
Iowa, October	18	18	0
Massachusetts, Sept.	42	26	16
Minnesota, October .	8	8	0
Nevada, November ..	6	6	0
New Jersey, October.	17	12	5
New Mexico, July* ..	1	1	0
Pennsylvania, July ..	204	174	30

*Three were licensed through reciprocity and 11 on satisfactory credentials.

†The Connecticut Homeopathic Medical Examining Board licensed two candidates on presenting satisfactory credentials.

Public Health Items.

Do You

Believe in national preparedness and then fail to keep yourself physically fit?

Wash your face carefully and then use a common roller towel?

Go to the drug store to buy a tooth brush and then handle the entire stock to see if the bristles are right?

Swat the fly and then maintain a pile of garbage in the back yard?

The continuous liberal use of alcoholic beverages lowers efficiency and menaces longevity!

The Health Department of N. Y. City announces that it will supply for the treatment of lobar pneumonia a serum perfected by the Rockefeller Institute of Medical Research.

Vaccination Ruling Upheld.—The campaign of the Illinois State Board of Health to exclude unvaccinated children from schools during an epidemic of smallpox, has been upheld by a decision of Master in Chancery E. H. Marsh of Rockford. An injunction had been asked against the Rockford Board of Education, which had directed the exclusion from schools of unvaccinated children, as required by the ordinance. The master in chancery held that the ordinance was valid and refused to grant the injunction.

More than 100 diseases may be caught by kissing, says an eastern physician, and it will be just our luck to die from something else.

Diphtheria.—In all the various countries of the old world the average annual death rate from diphtheria during the most recent five-year period for which data are available, has ranged from 6.8 per 100,000 of population in Chile and 7.0 in New Zealand and the Netherlands, to 19.0 in the registration area of the United States, 22.6 in Prussia, 25.9 in Austria and 40.1 in Serbia. There is no conclusive evidence that diphtheria as a disease is decreasing. On the contrary, the weight of evidence is favorable to the view that it is increasing.—F. S. Crum, Weekly Bull. Dept. Health, New York.

Relation of Mental Deficiency to Delinquency.—The relation of mental deficiency to delinquency, dependence and immorality, is vastly more important in the years of adult life than in childhood, but the phases of the problem as they present themselves in the years of school life are more readily manageable. The school population, therefore, constitutes the larger group to which access for satisfactory investigation can be had.—Treadway, Public Health Reports.

Prevention of Cancer.—There is nothing that any one of us can do to prevent the occurrence of cancer except in avoiding certain specified causes of local irritation. On the other hand, there is incontrovertible testimony as to the

probability of its cure in a large percentage of cases if taken in time. That cure consists in the complete surgical removal of the growth at the earliest possible moment. Early diagnosis, early removal—there is not now, nor has there ever been, any other successful method of curing the disease.—Health News, N. Y. State Health Department.

Loss of Life from War and from Disease.

At Austerlitz, for example, the French lost 14 per cent., the Russians about 30 per cent., and the Austrians the enormous proportion of 44 per cent. of the men engaged. At Waterloo the French lost about 36 per cent. and the English and Prussians about 31 per cent. Taking a score or more of the more important and unusually bloody battles of the last three centuries, the losses on both sides together of dead and wounded run from 20 to 35 per cent. In many bloody battles the losses of a single side have gone up to 50 per cent. These are of course the higher figures. At Magenta the French lost 7 per cent. and the Austrians 8 per cent.; at Lutzen the French lost about 13 per cent., and the Prussians and Russians 14 per cent. At Antietam one man out of every five engaged was killed or wounded. In fourteen months the English army under Wellington in the Peninsula lost 4 per cent. by gunfire, but it lost 12 per cent. from disease.—V. L. Kellogg.

Worry.—Not all worry is preventable but for the most part it can be avoided. Most of our fears are never realized, and as a rule, if we meet our troubles day by day as they come without worrying about them before they arrive or fretting over them after they have passed, we will find that we have the strength to rise above them. Worry undermines the health to a certain extent. It really weakens the mental forces by tiring them out by doing nothing. Usually the relief from worry rests with the victim of this unhappy habit himself, but sometimes the real causes are not the ones which seem to explain the condition and we must go deep into our lives or have the assistance of those who are skilled in unraveling mental processes. The best antidote for worry is a change of mental occupation, a getting away from the scenes which provoke worry, exercise in the open air, a good book, a pleasant recreation, or a temporary change of occupation. As a matter of mental health every sufferer from this unfortunate condition owes it to himself to discover some simple means of getting away from this habit which is destructive to health and peace of mind alike.—U. S. Public Health Service.

Intelligent Health Efforts.

Teaching people how to live, instructing them in the essential principles of personal hygiene is at the foundation of modern, intelligent health efforts. It is a short-sighted policy merely to urge extensive municipal improvements for the purpose of remedying existing ills. Many of these very ills may be controlled at a minimum expense through educational measures. If individuals are responsible for the spread of disease; if their methods of living are unhygienic; if personal contact is the main

factor in infecting others, the establishment of hospitals, dispensaries, and convalescent homes fails to place the emphasis upon the importance of the individual in decreasing and controlling the infective processes. Health solidarity is to be achieved through the general co-operation of all agencies for the instruction of the young and the adult in the principles underlying healthful living. The home has become the recognized center of public health work. Herein the greatest good is to be accomplished. Here are the infants, the school children, the workers. Here are the food problems. Here are the sick. Here are the well. The strategic importance of attacking infant mortality problems, of solving tuberculosis problems needs no argument at the present time. The control of communicable diseases within the home will accomplish more immediate results than any other single piece of health work in a community.—American Medicine

Children as Health Crusaders.

From Journal of Outdoor Life.

Nowhere does the old adage, "It is hard to teach an old dog new tricks," prove itself more clearly than in public health education. In trying to educate a group of people, such as a State or a nation, with regard to the dangers and methods of treatment and prevention of a disease like tuberculosis, it is well-nigh impossible to break down the accumulated traditions of a generation. Both on this account and because of the fact that tuberculosis is essentially in its last analysis a children's disease, the movement which has been given great stimulus in the last few years to educate the school children with regard to public health and the prevention of tuberculosis is extremely important.

As a phase of this recent educational development, the organization of the Modern Health Crusaders on a more or less permanent basis this year by the National Association is of especial significance. This organization of the school children centers about the Red Cross Christmas Seal Sale. The children become members or Crusaders by performing certain definite tasks, such as selling a certain number of Seals, and they gain rank and merit by selling a larger number of Seals. Anti-tuberculosis workers will do well to utilize the holiday season as an initial opportunity to organize the boys and girls into Leagues of Modern Health Crusaders, to be utilized later on in certain definite campaigns. Here is a group of children who will grow up with a distinct realization that personal and community health are really vital and tangible assets and that they must be conserved at all costs. The movement has great and far-reaching possibilities, provided the anti-tuberculosis workers of the country utilize it as they should.

STATE DEPT. OF HEALTH REPORT.

Morbidity Report—The total number of communicable diseases reported for the month ending October 31, 1916, was 1,739, a decrease of 400 from the previous month; they were: typhoid fever, 152 cases; diphtheria, 405; scarlet fever, 121; tuberculosis, 650; anterior poliomyelitis, 254.

The Mortality Report—For month of Octo-

ber, 3,213 deaths; 564 of children under one year; 197 over one and under five years; 980 of persons aged 60 or more years; poliomyelitis, 88 deaths; typhoid fever, 30; diphtheria, 38; tuberculosis of lungs, 254; cancer, 219; diseases of nervous system, 283; of circulatory system, 452; pneumonia, 168; other diseases of respiratory system, 157; infantile diarrhea, 211; Bright's disease, 332.

Medico-Legal Items.

Expert Evidence as to "Probable" Effect of Injury.—In an action for personal injury causing a fracture of the skull and necessitating an operation which removed a part of the skull bone and some of the brain tissue, the doctors who attended the plaintiff testified in effect that there could never be a complete recovery from the condition described. They testified over the defendant's objection that the probable effect would be that the man would continue in a state of nervous and physical debility, more than likely to become epileptic and possibly insane or demented, that twenty out of 100 who sustain such injuries become subject to epilepsy, insanity, or some form of dementia. It was held that although the jury could allow compensation only for such future disability as was reasonably certain, the physicians' testimony was admissible, as they were not required to go any further in their statements than their candid opinions would warrant.—*Manton vs. H. L. Stevens & Co., Iowa Supreme Court, 153 N. W. 87.*

False and Fraudulent Statements of Therapeutic Effect.—The Supreme Court of the United States holds that the falsity and fraudulent character of the statements and circulars contained in each package of a drug, viz., "Effective as a preventive for pneumonia," and "We know it has cured," and that it "will cure tuberculosis," are sufficiently shown in libels for the condemnation of the drugs as misbranded, in violation of the federal food and drug act, where it is alleged that such statements were false and fraudulent, and with respect to tuberculosis it was averred that the statement was that the article "has cured" and "will cure," whereas there is no "medicinal substance or mixture of substances known at present" which can be relied on to effect a cure.—*Seven Cases vs. United States, 36 U. S. Sup. Ct., 190.*

Offenses Involving Moral Turpitude.—In proceedings to revoke a license to practise medicine as an osteopath in the State of Washington, it appeared that the defendant was charged with having been convicted of an offense involving moral turpitude by using the mails to give notice to certain persons named when, how, and by whom and by what means an abortion could be performed. The Washington Supreme Court held that the statute providing for revocation of a physician's license for unprofessional conduct and including conviction of an offense involving moral turpitude, in which case the record of conviction shall be conclusive evidence, is a valid enactment. If conviction of an offense involving moral turpitude is shown there is no

discretion in the board of medical examiners. The term "moral turpitude" is not so vague and uncertain as to render the act unreasonable and void—State Board v. Harrison (Wash.) 159 Pac. 769.

There Must Be Some Imprisonment for Illegal Practice—As to Residence.

The Court of Criminal Appeals of Texas reverses a judgment against defendant Rutherford, who was convicted of unlawfully practicing medicine and his punishment assessed at a fine of \$100. The reason given for this reversal and remanding of the cause is that Article 756 of the Penal Code of Texas provides that the punishment for unlawfully practicing medicine shall be by fine of not less than \$50, nor more than \$500, and by imprisonment in the county jail for any period of time not exceeding six months. It is thus seen that the Legislature has fixed some imprisonment as a minimum punishment the jury can assess. The punishment assessed must be always within the minimum and maximum fixed by law. This court, and no other court in the State, can assess a punishment that the law does not authorize.

Another thing should be mentioned. While the trial court did not err in overruling a motion to quash the indictment on the grounds presented in the motion, yet the court of criminal appeals thinks that on another trial the indictment either should allege and the proof show that the defendant was temporarily residing in Johnson County if such was the fact; or if this was not the fact, then, as it was alleged that his residence was unknown, the indictment should not only allege that he had not recorded a certificate authorizing him to practice in Johnson County, but should further allege that he had no certificate authorizing him to practice, and proof that he had recorded no certificate would be prima facie proof that he had none by virtue of the statute.—(Rutherford vs. State (Texas), 187 S. W. R. 481).

Proximate Cause of Death—Post-Operative Intestinal Cohesions.—Action was brought to recover damages on account of the wrongful, negligent, and careless leaving of a sponge in the abdomen of a patient, and on account of the defendant's negligence in permitting said sponge to remain in, creating an intestinal obstruction, resulting in a partial closing of a portion of the intestinal canal, and causing a partial paralysis and obstructions thereof, and by reason of such wrongful and negligent acts, and for no other reason, and as a direct result thereof, the patient died. It was held that it was incumbent on the plaintiff to prove said allegations by a preponderance of the evidence, and show that the presence of the sponge in the abdomen of the patient was the direct and proximate cause of the patient's death. It was also held that the evidence was sufficient to show that the adhesive condition of the patient's intestines caused her death, and that such adhesive condition was not caused by the presence of a sponge, and that the evidence was sufficient to support the verdict of the jury for the defendant—Ruble v. Busby, Idaho Supreme Court, 149 Pac. 722.

Books Received.

All books received will be mentioned by title with the names of their authors, publishers, etc., and this will be considered by the committee as sufficient acknowledgment to the publishers. Selections will be made for review as the merits of the books or the interests of our subscribers may warrant.

Syphilis. By Lloyd Thompson, Ph. D., M. D. Physician to the Syphilis Clinic, Government Free Bath House, Visiting Urologist to St. Joseph's Hospital; Consulting Pathologist to The Leo N. Levy Memorial Hospital, Hot Springs, Arkansas; First Lieutenant, Medical Reserve Corps, United States Army; Member of the American Urological Association and of The American Association of Immunologists. Illustrated with seventy-seven (77) Engravings and seven (7) plates. Lea & Febiger, Philadelphia and New York, 1916.

This monograph of 388 pages is divided into three parts. Part I. embraces chapters on History; Importance; Etiology; Pathology; Clinical History; Clinical Diagnosis; Prognosis; Prophylaxis and Treatment and utilizes 239 pages. Part II. Syphilis of the Circulatory; Respiratory; Gastro-intestinal Tract; Liver, Gall-bladder, Spleen and Pancreas; Glands; Genito-urinary Organs; Bones, Joints, Bursae, Tendons and Muscles; Nervous System; Eye and Ear, requires 100 pages.

Congenital Syphilis in its various phases, 49 pages.

Notwithstanding the limited space devoted to important and necessary data the author's descriptions are briefly and understandingly elucidated.

The work is a thorough and up-to-date resume' of our present knowledge of the diagnosis and treatment of Syphilis.

The author, giving full credit, quotes freely from numerous co-workers in the particular field of the subject matter under discussion, in addition to the quotations from these authors, there are a large number of references of great value to the reader, who is desirous of further and more complete exposition.

The author's own method of technic in laboratory work and of treatment are clearly and concisely described.

The book is printed in large type, on good paper; the illustrations are excellent, five of them in color, two of the latter showing the Wassermann reaction and the Lange colloidal gold test (paretic curve) being particularly good.

E. D. Newman.

BOOKS AND REPORTS RECEIVED.

"The Nervo-Muscular Mechanism of the Eyes; and Routine in Eye Work," by G. C. Savage, M. D. Published by the author, Nashville, Tenn. Price, \$1.00.

Transactions of the Medical Association of the State of Alabama.

Annual Report of the Rockefeller Foundation for the year 1915.

The Associated Out-Patient Clinics of the City of New York.

Muscle Training in the Treatment of Infantile Paralysis, W. G. Wright, Boston.

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CANCER*

BY EDWARD STAEHLIN, M. D.,
Newark, N. J.

At a convention of Life Insurance Presidents some six weeks ago, the consensus of opinion reached was that cancer is neither contagious, i.e., communicable nor hereditary (Arthur Hunter, president of the Actuarial Society—from Life Insurance Statistics). In the same statistics the report was submitted that during the past year 80,000 persons died of cancer, and during the past decade 750,000 persons died of cancer in the United States.

Cancer is a term synonymous with horror. For the personally afflicted it seals the hope for all worldly aspirations and strikes terror and anguish to the heart of every relative. The intermediary—the doctor—is eventually hopeless always. Science is dethroned, and we all gather finally to get such comfort as we may at the shrine of the art of being kind.

Every theory and every means of combatting that has ever been advanced, be it ever so enthusiastically, ever so honestly, ever so scientifically, has been always in due course of time relegated to the scrap heap of science, and if we are as honest as Socrates we must admit, as far as cancer is concerned, we know nothing. To the query of the afflicted, how did I get it?—from a fall, a knock, a bruise or irritation?—really answers nothing. To the faithful in attendance, asking is it contagious? we answer, backed up by research experimentation, fearlessly, no. Are we so sure? To the progeny and kinspeople we are reassuring that it is not hereditary, and refer to carefully compiled statistics; are we so sure on

this point? It seems to me that if we dip a little deeper into the compilation of statistics we certainly are often confronted with a double-edged sword—it serves in either direction.

What we do know of cancer are manifestations of cancer. With these we are fairly familiar, and to a few of these which presented themselves fantastically clothed I invite your attention.

We know cancer to be most insidious in its onset; most concealed in the view, even of local recognition when on the exterior of the body; most selective and secretive in its systemic invasion; most hopeless in our ability to combat it; most disproportionate in the relation between a modest and secretive primary and overwhelming metastatic involvement; most ravaging and disfiguring in its progress of invasion. Of cancer, as well as of ghosts, the poet might have said, horrible, horrible, most horrible.

In reporting the histories of the two following cases I wish to emphasize the fact of our inability often to recognize primary or initial cancer involvement in even well marked cachectic conditions with extensive secondary involvement, and also our inability to draw inference between apparently a small primary lesion and an extensive secondary involvement. An important factor for prognostic judgment.

In the first case the primary invasion escaped observation absolutely and was revealed only after diligent search, at the autopsy. In the second case the involvement was so slight that were it recognized, per se, it would have given promise of eradication by surgical intervention beyond a peradventure of returning; the metastatic involvement was out of all proportion to the simple primary lesion. As these cases were mysterious to me long after I began attending them I will report them just as they unraveled themselves to me. If the report is

*Read before the Physicians' and Surgeons' Club, Newark, January 18, 1917.

tedious I will ask your indulgence with the apology and assurance that they were thrilling enough while under my care.

C. W., 51, single, presented herself at my office Nov. 6th, 1914. She suffered very severely with sciatica on either side. So intense was her pain when walking that she waddled like a duck. Her color was pasty; she had lost 50 lbs. in weight and had also lost in strength. She was irritable, tired easily and was unable to attend to any of her duties. This all occurred within six months. Prior to that time she was plump, active and vivacious. Had never been sick. Her color, loss of weight and sciatica made her think of Bright's, but repeated examination of her urine showed it uniformly normal. Her blood examination showed marked secondary anemia. The blood picture together with loss of weight and strength and sciatica were highly suggestive of cancer. The liver was not enlarged, no free fluid in abdomen, and, save for accustomed constipation, there was no altered function referable to her digestive tract. Breasts were pendulous, flabby and wrinkled, and both regularly nodular, due to senile changes incident to fat absorption. There was slight glandular involvement which was general throughout her body. Uterus and adnexa were atrophied and seemed not involved. Wassermann negative. My apprehension was that she suffered from a cancer, but I could not establish its primary seat. She went to Boston for the holidays and expected to return the first week in January, 1915. While being assisted out of her carriage, preparatory to taking a train homeward, her left humerus snapped. She remained in Boston until the fracture healed and arrived in Newark middle of February, and while being assisted off the train at Market Street Station her right humerus snapped. In six weeks this had healed, and you could not tell in a few weeks that either arm had been broken; repair and function were perfect. Still she was worse generally, more emaciated, strength had failed considerably more, physically and mentally, color cadaverous, the sciatica was not so intense nor so constant. Still no clue as to her primary lesion. Thus she continued until the middle of June when she developed small nodules in the skin over the sternum; these grew rapidly in size and number until they involved chest, abdomen, arms, legs and scalp, in fact a general carcinomatosis. She died August, 1915. Autopsy revealed carcinomatous involvement of all the glands surrounding the iliac vessels and sciatic nerve,

some of these glands had softened and this accounts for the lessening of the pain in the sciatic nerve; mesentary and liver were also involved. This was all metastasis. Careful search was made throughout the digestive tract and nothing found. The breasts had the appearance of simple atrophic breasts, senile, and manipulation gave small promise of primary trouble there, but on laying bare the right breast a small scirrhus involvement was detected not larger than a speroid the size of a five cent piece. The left breast was negative. Externally both breasts seemed alike in size and consistency.

Mrs. M., 64, widow. I saw her at her home in February, 1915, suffering with severe pains in her left knee. The pain was so severe that she screamed when even an attempt was made to examine her. Strange to say there was nothing apparent that accounted for it. Salicylates, K. I. and colchicum were of no avail, so I immobilized the knee, applying a plaster cast from ankle to groin well padded. This relieved her and we managed to get her out of bed and sit about in chairs; she felt happy too, for she described the pains as horrible. All went well until I suggested taking off the cast at the end of four weeks; She pleaded so pitiously that I extended the time a week. At the end of the week we had a similar scene and another extension was granted; it proved a series of extensions until nine weeks rolled by. Then in spite of pleading I was peremptory because the thigh exposed at the upper portion of the cast had increased tremendously in its dimension. When the cast was off the thigh measured five inches more than the other thigh; the shaft was bowed at the middle, and a spindle-shaped growth at the upper and outer surface of the middle third, the size of a goose egg, was perceptible. There was no pain referable to the mass, no redness, no warmth, and she felt comfortable. I was sorely disappointed, feeling I was dealing with a neglected case of osteomyelitis; but then there had been no chill, no fever, and what pain there had been could not be elicited by pressure at any spot. It was a general pain, excruciating in severity, and referred to the knee only when the limb was handled, and the pain subsided at once when the cast was applied. I explained to the daughter that I feared her mother was suffering from a necrosed portion of bone involving her femur, or from some carcinomatous growth of the bone. When she in turn asked me if I thought the little swelling her mother had in her right breast had any-

thing to do with her present trouble; she stated further that her mother had this little swelling in her breast for the last year, but would not speak of it herself to the doctor, and had forbidden her to mention it. The next day pretending to examine her heart I found a scirrhus in her right breast the size of a plum, with retracted nipple, movable; no palpable glands. A really favorable breast for radical operation. This was April, 1915; she died October, 1916, wasted to a skeleton and disfigured beyond recognition. The right thigh became involved and broke spontaneously, and in endeavoring to lift herself with her upper extremities or allow the nurse to raise her by the arms, both snapped and towards the close of her misery the right superior maxilla became involved.

The following group of cases may have some bearing upon the possibility of the contagiousness or communicability of cancer. It is certainly a spooky coincidence, if explained on the basis of coincidence:

Henry A., 55, a German saloon keeper, died April 28, 1912. He was sick for three years, and it was proverbially known to his friends and neighbors that he died of cancer of the stomach. He was a popular man and his resort was a sort of a club for kindred spirits. All were about his own age, ranging from 48 to 55, five in number. During his illness the bonds of friendship were drawn closer, and the six met two and three and more times during a week in the evening to engage in a friendly game of pinochle. The beer-stained and saliva-stained cards were deftly dealt, bringing hours of merriment and possibly disseminating deadly seeds of disease. At any rate Philip H., one of the party, 50 years old, was taken down with stomach symptoms, and after ailing eighteen months was subjected to an exploratory laparotomy, and closed up again with the verdict of inoperable cancer of the stomach. He died in the fall of 1911, aged 52.

Another, Fred E., 51, found it difficult about this time to swallow solid food; it would lodge in his throat; he emaciated rapidly and lost in strength of body. He began ailing in September, 1911. I saw him in June, 1912. He had a stenosis at the cardiac end of his stomach which admitted the smallest bulb of an esophageal bougie. I pronounced his malady cancer of the esophagus. He died at the N. Y. Polyclinic July, 1912, after an exploratory operation which confirmed the diagnosis.

Shortly after this patient began ailing, Christopher N., one of the party, began to

complain of stomach symptoms. He followed the same downward course, and died age 50, in the fall of 1913 from cancer of the stomach. This man lived and boarded in the house with patient No. 1, the saloon keeper. Albert B., another party at this game, about the same time developed a sore upon his lip which would not heal; it was stubborn and affected his mouth and then spread rapidly so that he could not eat and wasted in consequence. He grew thin, morose and weary, and died April 17, 1913, of cancer of the lip and mouth, after being sick a year and a half. The sixth member of the party, age between 48 and 52, also began with digestive disturbances which rapidly progressed in severity, and for which there was no stay; he died in the fall of 1914, and so the members of this round table made their exit and the game was broken up. All died during the interim fall of 1911 and fall of 1914. This seems to me more than a coincidence.

The followers of any and in turn of all the cancer cures to date have all been chasing rainbows. We all know that retrogression occurs, and authenticated records show that every now and then a case of cancer makes a spontaneous recovery—why, we do not know. It is in my opinion the influence of these individual instances of cure that proselyte enthusiasts to try and then launch upon the profession the particular something that seems to have benefitted the patient, when in reality time proves that the particular remedy, if it had any influence at all, had a derogatory one and never a salutary one. To wit:

Eliz. A., 73, presented herself with the following history, October 13, 1911. About four months ago she noticed a lump at the upper and outer quadrant of her right breast which had already reached considerable size when she first noticed it. Since that time it has increased slowly in size and at present has a spindle-shaped appearance like a lemon. It is firm and fixed; it never caused pain or any inconvenience until two weeks ago when she noticed a peculiar numb and sore feeling in the right arm, probably provoked by a "strain" when alighting from a car while still holding on to the railing. Since that time she finds it difficult to raise her hand to her head. Patient gives a further history of an injury about seven years ago, breaking her right arm and dislocating her right shoulder. As she was being helped up from her fall she felt the shoulder snap back into place. She was examined subsequently and the shoulder was

said to be all right. The tumor was situated over the pectoralis major and began at the edge and outer quadrant of the breast—right side—and extended upward. It was very hard in consistency and fixed; the skin over it was freely movable. I took it to be a cancer of the breast, and remarked at the time that I had never seen one so high up, practically above the glandular zone, although it could not be decided as it was in appearance confluent with it at its upper margin. The function of the arm was limited, ascribed to pain, and the axillary glands were involved. A radical breast amputation was decided upon. As the incision was carried along the anterior axillary fold, the capsule, for it was capsulated, of this mass was accidentally and unintentionally opened, and thereby was exposed a congeries of marble-shaped bodies; they were bluish-white in appearance and cartilaginous in consistency; some were hard and uniform throughout, others mucoid. I was nonplussed until one of my assistants remarked: "It looks very much like an osteosarcoma." So we traced it to its origin and found it to extend upward and emanate from the acromion process of the scapula. The mass was not disturbed other than being laid bare; it seemed inadvisable to operate on the same. So the wound was closed tight and the patient returned to her bed. This was the sixth malignant and as I supposed inoperable case I had seen in as many days, and I felt discouraged; I consoled myself however that the dressing will not be changed for a week at least, and I accordingly would withhold the verdict from the patient. At the end of a week the dressing looked so snug and well and the patient felt so well that I postponed it for a day to get respite again the next day, then there came a rush time for four or five days when I forgot about the patient, other than ask about her. Again a few days passed without my seeing the patient. On the sixteenth day the house surgeon said to me: "By the way, doctor, I dressed Mrs. ———, the bandage became so loose that it fell off." I responded very meekly, "that's right, relieved of my responsibility to dress it," and in a sort of sorrowful way asked him to dress it daily; more sorrowfully I asked, how did it look? "Fine," he said. "Show any sign of breaking down?" "Not a bit; its all healed and the mass has all disappeared." "Impossible." "Upon my word its all healed, the mass is gone and the parts look normal." I was game then and anxious to see it. It was exactly as he said, and in

great glee I called my colleagues who assisted me at the operation to see the result. We all considered the tumor an osteosarcoma. Unfortunately no section was taken, it seemed self evident and the patient was regarded as doomed. She is living and well to-day, aged 79. Nothing was done save accidentally and unintentionally open the capsule of the mass. Had anything been done or any medication administered with a premonition that it would help, the particular something could easily be regarded as having a beneficial and in this case a curative influence had it been an infusion of sawdust.

Up till lately we were led to believe that there was possibly one exception to all the various cancer cures that holds out a ray of hope in its beneficent effect—Radium. Recently even that prop, by consensus of opinion of those versed best in its use has been taken away and the decision reversed. Radium is regarded an irritant and a provocation of cancer. My experience in connection with this observation is limited to five cases treated at the N. Y. Memorial Hospital:

1. An inoperable case of carcinoma of the cervix.

2 and 3. Two of very extensive involvement of the lower portion of the rectum, one a male and the other a female.

4 and 5. Two with involvement of the body of the uterus.

Each of them, after two or three applications of the radium, did remarkably well. The mass seemed to melt away in each case like magic, and assumed the appearance of normally healed scar tissue, and I felt myself drawn into the maelstrom of enthusiasm. However, the extensive involvement of the cervix recurred in the broad ligament with all the appearance of cachexia. The male with affection of the rectum is living and continues locally well, but has tremendous involvement of the liver; it fairly fills his abdomen and is hard and nodular throughout. The woman with involvement of the rectum looks more and more cachectic, while the local lesion is held in abeyance. The one patient with involvement of the body of the uterus has a pronounced secondary anemia: she feels better; now six months since radium was last applied, but is beginning with watery discharges slightly blood-stained, and the other patient with involvement of the body of the uterus; when last seen in October expressed herself as feeling well; no more discharge and the uterus had decreased in size; this was after the

second application. She is a woman who lives out of town and has not presented herself since October last, and has not to date responded to my query, incident to writing her in preparation of this paper. So I presume she has changed doctors.

Four of the patients bore the radium application well; no pain, and only slight inconvenience. One patient with involvement of the uterus said the second, third and fourth applications were torture, and she refused absolutely any further radium treatment.

My personal opinion is that cancer is a disease incident to the progress of civilization so called. That it occurs increasing geometrically with the progress of civilization, and I believe that we are as far from establishing a cure as we have ever been.

One of the world's greatest scientists and thinkers says:

"The final effect upon the race by the preservation of the unfit, through increased skill in surgery and medicine, is not yet known. It may be a mistake to operate save as these things minister to the spirit of altruism which prompts their support. I do not know, let a wiser generation answer."

PREPARATION FOR MEDICAL PRACTISE.*

BY LINN EMERSON M. D.,
Orange, N. J.

As we are all practitioners of medicine, and not holding teaching positions, it may seem strange to you that I take such a subject for my annual address. Our papers are usually on scientific and practical topics, but it is not amiss for us at times to consider the social side of our profession.

In medicine, as in the army, the navy, and the law, there is a certain *Esprit de Corps*, which often leads the son of the physician to adopt the profession of his father. Whatever one's occupation, if he attains any modicum of success, he is generally proud of his calling. A few of us at least have sons, and sooner or later must help them decide whether they are to follow in our footsteps.

The doctor who emphatically states that he would not have his son adopt his calling, on account of the years of preparation, long hours, hard work, lack of appreciation, and inadequate financial return, is to be pitied,

for in some manner, he has failed in life, and is probably in the wrong pew.

There come times to all of us when all the world seems askew, and the country going to the demnition bow-wows. In no other profession is optimism so necessary. Cheerfulness in the doctor is not only necessary to the recovery of the patient, but to the material success of the healer.

Nobody wishes to employ a doctor who is ill, either physically or mentally, and as mental health is dependent largely on good physical condition, the prospective medical student should have health and endurance.

The general public is a poor judge of the doctor and his qualifications. Since the regular, the eclectic, the homeopath, the chiropractic, the osteopath, and the optometrist are all doctors, it is not suprising that half the people do not know the difference between an oculist and an optician.

When a tradesman of meagre education acquires moderate wealth, and does not care to have his son follow in his footsteps, to make of him a doctor, seems a comparatively easy solution. His criterion of success is measured entirely in terms of money, so the enviable position of the irregular or the quack may induce him to take the Kirksville short cut, instead of the long tedious years of study required in the Class A medical school.

Twenty years ago the better educated prospective student, even if the son of a physician, might have been misled. We then had more medical schools than all the rest of the world combined and more than half of them were commercial schools conducted for profit alone. The prospective student then, no matter how deficient in preparation, could shop around until he found a school that would take him. Many of the schools were little better than diploma mills, and often conferred the degree of M. D. after but a few months of actual attendance.

The American Medical Association set out to investigate the conditions present in medical schools, and as a result of such investigations, and the publishing of the data obtained each year, the status of medical education in this country has been completely revolutionized in less than 20 years.

At the start much bitterness was engendered and various medical schools either refused to furnish the data desired or furnished inaccurate or misleading data. The A. M. A. was told to mind its business, and suits for damage were even threatened. However, the readiness with which the bet-

*President's Address at the Orange Practitioners' Society, January 26, 1917.

ter grade medical schools complied with the request for information resulted in forcing the others to comply; a failure to respond was equivalent to confession of deficiency, and the low grade schools found themselves between the devil and the deep sea.

As a result of this standardization the number of medical schools has been cut in half. In many instances two or more schools have been combined, thus making one first-class school where two or more second-rate ones formerly existed.

At the present time there is no excuse for a student to be half through his medical course before learning that the diploma of the school which he is attending will not be recognized by the State board where he wishes to practise. He has but to consult his family doctor who can at once inform him of the relative merits of the various medical schools.

During this process of standardization of medical schools, much discussion has arisen as to the ideal preparation for medicine. Various educational bodies are not agreed on requirements and the right of the individual student or doctor are often placed above the rights of the profession, or of the public which should be paramount.

Opinions are given as to preliminary requirements, all the way from two years of high school work, to those demanding a college degree for admission to medical school, and one or two years hospital work after graduation.

While a good high school education may suffice in many instances, and its possessor become a good doctor, there can be no question that a college degree before admission to medical school, and one or two years of hospital work is the ideal. There are, however, serious objections to demanding this from all who are to undertake the practise of the healing art.

The Hopkins or Harvard man after finishing his internship is a highly trained individual and generally ripe for further study and will usually limit his practise more or less closely to some particular branch of medicine. He often does not make as good a country doctor as his rival, graduated from a second-rate medical school. Furthermore, on account of his professional and social qualities, he is unwilling to go to Podunk for practise, and if he does go there he is often chagrined and disappointed because his poorly educated rival is far more successful.

The country districts must have doctors and as a matter of course their standard of

ability must be lower than in more thickly populated communities. The country practitioner may take exception to this statement but facts are stubborn things and can not be gainsayed. Eminent financiers, bankers, lawyers, pedagogues, or business men do not abound in rural communities, and the doctor is no exception to this rule.

Many are born and brought up in the country, but the voice of the city ever calls, and hope and ambition lure him to larger fields. If the ideal standard of preparation is enforced it will mean that the country districts will suffer a shortage of doctors, and the shortage will be filled, by chiropractics, osteopaths, and other irregular practitioners.

One of the objections to this high standard, is, that the cost of a medical education is prohibitive to all but sons of the well-to-do, and the poor boy of ability and merit is excluded. In some States this manifest injustice is obviated by the presence of a medical department in the State University. The time is not far distant when most of the larger State Universities will have a medical department.

Some objectors even go so far as to say that the so-called ideal preparation is not the best and that the boy with only a high school education makes the better doctor. The West Point graduate may not make as good a soldier in the ranks as the enlisted man but who would question his superiority? The fact that eminent generals have risen from the line is no discredit to West Point. An analysis of "Who's who in America" shows that 90% of the medical men therein listed have also a college degree. This must be something more than a coincidence.

In this country everything seems to be tending toward two grades of medical practitioner, the same as obtains in Great Britain. The National Licensing Board, the special licensure for ophthalmologists, and the American College of Surgeons all foster this development. I have no doubt that within a generation first-class hospitals will appoint surgical attendants only from Fellows of the American College of Surgeons.

As in a former paper read before this society, I predict the socialization of the medical profession in a considerable measure with no harm to the profession, and incalculable good to suffering humanity.

In conclusion I would say if your son studies medicine given him a college education first, if you can possibly afford it; it will be a good investment from a material

standpoint, and add to his happiness in the pursuit of his chosen calling.

ETHICAL PRACTICE; ITS SCOPE AND ITS LIMITATIONS.*

BY GEORGE E. HARBERT M. D.,

Beverly, N. J.

Perhaps no medical subject affords a greater amount of discussion without the medical societies, and so little within them, as the proper interpretation and the personal application of *the* Code of Ethics. Accordingly, it will be the endeavor of this little effort to arouse sufficient interest in the code, as it applies to ourselves in this honorable society, that we all will have a greater understanding, as the result of frank and open discussion, of the value of ethical practice, as we preach and practice it, and a high disregard, not unmixed with pity, for those who ignore the noble precepts that guide and direct the great body of the Aesculapian craft.

It is not generally appreciated that the code is but a convenient paraphrasing of "The Golden Rule," and it is unfortunate that there should be any such lack of appreciation, but such there is, and it is responsible for considerable unjust, as well as just criticism of the relations of the physicians to each other. Our earliest training leads us to regard the ideals of Hippocrates as sanctified, but with no less reverence do we look upon the prescribed rules for conduct, as so minutely enunciated by the code. Our callow youth is trusting, and blindly do we follow where our elders guide us. Could we but continue in the practice of our faith, the idolatry it has engendered would be productive of great happiness to ourselves as well as permanence to itself.

Experience, however, tends to bring another side of the question to our view. There is no doubt in our minds that universal observance of the prescribed code is practicable and beneficial, but it would appear to us that we are far from this universal practice. It is this latter aspect that seems to become more prominent as our experience increases and we, perforce, stop and wonder if it is worth while.

The youth fresh from the medical college may expect too much from his elders, or on the other hand, may be unduly sensitive concerning the treatment accorded him

by those who have been longer in the field. Certain it is, that at all times and all ages, we are justified in not only expecting, but of demanding a closer application of high ideals of our leaders in public life, whether in the medical profession or elsewhere. These high places are conceded to be the rewards of conscientious endeavor, and we are not at all unreasonable if we acknowledge forcibly our disappointment in our leaders, where they have failed to merit our highest regard.

It is most discouraging to the younger physician to know that in a given case, the well-known and accepted procedure is ruthlessly disregarded by some more prominent man of the cult to the latter's profit and the former's discomfiture. Should the ultimate results of this neglect be reversed and the younger man profit thereby, it could readily be attributed to carelessness, but when the offender is enriched by such circumstances, is the younger physician to be condemned for his criticisms of such ethics, and for his belief that the code is but an instrument for curbing the youthful practitioner's competition in the field?

Open criticism of the elders by the youngsters is seldom productive of much sympathy, and certainly fails to correct the abuses no matter in what line of endeavor we may be engaged. Whether the abuses are real or imaginary, intentional or unintentional, the truth of the old proverb that you cannot teach old dogs new tricks, must be acknowledged. In point of fact, you cannot teach old dogs tricks of any age. It must, however, occur to all of you that had the crop of youthful enthusiasts but kept to their own youthful code, and not accepted the interpretations of its abusers among the elders, there could at this time be no need of discussing the limitations of The Code of Ethics. Those of us who criticize our elders should bear in mind that gradually, but no less surely, are we approaching the "elder" stage, and that our precepts and examples, our preaching and our practice, have a certain influence upon those younger than ourselves, and we can best correct the faults and abuses in the practice of medicine by carrying out faithfully our part of the obligation.

The proper courtesy among physicians when a family for some reason desires an immediate change of doctors, is the subject of considerable discussion. The code provides that the first physician in attendance must be formally paid off and discharged before the second may be employed, ex-

*Address of the Retiring President, read before the Burlington County Medical Society, Jan. 10, 1917.

cept in such emergency cases where the first physician is unavoidably detained, in which case the patient is turned over to the original attendant immediately upon his arrival. The framers of this portion of the code meant well, and for a good working rule for all time it serves its purpose very well, which purpose undoubtedly was to discourage the solicitation of patients that were already in the care of a physician and apparently well satisfied with their choice. It failed to take into consideration, however, the fact that by being sick, a man did not waive any of his constitutional rights and, since he may change his butcher, his baker and his candle-stick maker, so may he change his doctor, and as for paying the one off before engaging the other, it is very nice when he is in position to do so. But when a man is sick enough to feel that an immediate change in physicians is necessary, he is not likely to regard the niceties of professional etiquette as above the importance of his own personal ailments. Again, he may feel that the services of the first were worthless. We are told by the writers on business topics that we should always regard the customer as being right. We should therefore approach such a circumstance—dismissal of one physician and the hasty calling of another—with kindly thought, more kindly thought than we usually do.

In such a case there are three busy people to be considered: First, the original attendant, busy with his work, perhaps impatient and readily irritated as the result of overwork and loss of sleep; Second, the newly engaged physician, harassed with accumulating obligations, and overzealous to make a good impression with new people, and third, the tired and irritable patient, each being more concerned with his own difficulties than with the sensibilities of the others. Is it then any wonder that this portion of the code is more honored in its breach than in its observance? A little thought and hesitancy in making hasty judgments and rash conclusions will serve to lessen the incidence of the contused and lacerated sensibilities, in cases of this character.

Advertising, which is taboo by the ethical code, unwritten as well as written, is perhaps next in importance from the standpoint of discussion, to the features previously referred to. The greatest difficulty arises in defining just what advertising is, as employed by the medical profession. One kind is positive and certain. Should

we, for any reason, fail to cure or relieve some patient promptly or otherwise fail to meet with the approval of the patient and his or her relatives and friends, we can rest assured that these facts will be promptly advertised and widely disseminated. It is with the deepest regret that we acknowledge our failure to find in the prescribed code, any dictum against this sort of advertising. But there is a sort of advertising that gives us just as much concern, in that it is, in a way, more or less legitimate. This is the advertising that results from social affiliation. There are many men of professional attainments as well as social accomplishments and prestige, but there are also brilliant men who are denied advancement and the acquisition of a large and remunerative practice because they lack a social standing, or have failed to become "good mixers." Neither should despise the other; there are enough people in this world who desire each of these types to give each his measure of merited success.

In addition to these types we find another—the mediocre man who "works" every kind of fraternal organization and political club, monopolizing all the small but profitable work he can lay his hands upon, accumulating a fair-sized income by reason of the bulk of the work done. The presence of such a person in a community of respectable physicians is most irritating and provoking. No phrasing of the code can be made to restrain a "hungry" man, and it is questionable if such an individual could be reached by moral suasion. It must occur to the minds of all of us, that if we desire the kind of work these men do, we must imitate their methods to obtain it. The impression they make cannot be a lasting one, or it would not require the output of so much energy and industry to make it and retain it. Such an individual is very jealous concerning this kind of work, and frequently resorts to rather small behaviour to maintain it. Very little will it profit a man ultimately, if, for instance, he uses his influence to cause the rejection of an honorable and desirable kind of a man, as a candidate for membership in a social organization, when his (the latter's) competition is not desired and is feared. Such actions are very often retroactive. They set in motion many unappreciated forces, and like the villain in the melodrama, the dissenter is not too frequently chagrined to find himself later hoist by his own petard.

The consultation, a dreadful ordeal, is considered fully by the code, but somehow

fails to be taken seriously by those engaged in the performance. The sick man and his family concede, or request, the consultation with the hope that some additional benefit may be derived for the patient. They do not do so with the idea in mind that they are wholly and entirely dissatisfied with their attending physician, but with the belief strongly fixed in their mind that a supplementary knowledge in his hands, he already understanding all the details of the physiology of the patient, will greatly benefit the sick person. The consultant does not always readily appreciate this. The attending physician approaches the consultation with an open mind, an eager searcher after truth, but *not absolutely* in the dark as to the patient's condition, or the varying phenomena possible to his disease. The only one that really knows nothing about these details of the patient and *his* disease is the consultant, yet how often does he come into the case and on the strength of his reputation, not his knowledge of this particular individual case, completely supplant the attending physician!

It would seem that the better way to enter into a consultation, when for any reason such a practice is suspected, would be to permit and encourage the high-priced consultant to hunt for his own details and to flounder about making rash conclusions, founded upon hasty observations. Careful examinations cannot be made in a hurry. The instances where the attending physician is supplanted would be fewer if he would but watch such features and not allow his information gained by patient watching over long periods to become common property, when he fears that the consultant will take advantage of him.

The patient's interest in a consultation should be respected and conserved. This is not done, however, if the time allotted for consultation is devoted to a comparison of vacations enjoyed or not enjoyed, as the case may be, by the respective doctors. The experiences along the Mexican border of either of the physicians or surgeons, the Presidential possibilities, or the probable outcome of the war, all interesting topics for discussion somewhere else, are entirely out of place in the consultation. The patient is paying for your time, our time, and paying well for it, and he is entitled to a return for the money he pays. Everyone concerned will be more respected if this be taken into consideration. If the case demands a lot to be said about it, all well and good; but if not, have said what has to be

said, and depart. Fooling around arouses the suspicions of the family, and often they are well grounded.

Fee-splitting, which is now receiving so much consideration in medical societies, is debarred by The Code of Ethics, as are commissions of all kinds from druggists, opticians, truss-makers, etc. There are many sides to this question and while we consider the practice as reprehensible, we must admit we know of no instance where the physician was firmly bound hand and foot and the portion of the fee, or commission forcibly crowded down his throat. The man that gives the commission never wishes to do so. He could retain it without much hardship to himself. It is real money and means as much to him as to any one else. It is the man that receives it who is responsible for the perpetuation of this practice in some communities. If he fails to receive such a quid pro quo, his consultation work and surgery go to some one else. Whether in selecting someone else, the size of the commission outweighs the "someone else's" ability, is a moot point. We fear it does.

There must be exceptional instances, however, such as that in which it is impossible to appraise properly the value of the attending physician's services as compared with the consultant or surgeon's work, as the case may be, and there is a perfect understanding implied, if not frankly acknowledged, before the patient, that the bill for all the work be rendered by one man who will apportion the fee on its receipt, equally between them. Here again we find the situation saved by taking the patient into consideration. If in any case we make the arrangements with the full knowledge of the patient, no evil has been done, no code broken, and equal justice has been done to all. If the circumstances do not permit of allowing the patient to know of the arrangements, they had better be dismissed and the ordinary procedure established. An erroneous interpretation is certain to be placed on the physician's actions otherwise, and if he be a reputable man, it will do him great injury.

Charity work, another problem for the conscientious physician, occupies considerable space in the journals, and the discussions it has created, have served to bring us no nearer the solution of the problem than before. It may be considered as of two kinds, voluntary—that which we knowingly do for nothing, and involuntary—that for which we had entertained some faint hope

of receiving compensation sometime but are sadly disappointed in that we received none. Concerning voluntary charity work, we all do it and do it gladly, but the involuntary type of charity work always leaves a bad taste in the mouth. We are not sure but what we have only ourselves to blame in most instances, and feel that a little closer attention to the business features of our work will eliminate many such cases. We should remember that a large bill is difficult for any one to pay these days, and also that we are not in the banking business. Business firms, on large orders, make provision for slow payments by including the interest of the money for the prospective term the bill is likely to run. It is obvious that we cannot do that. The visit fee is the accepted basis of our charges usually, and it must be the same to the patient whether paid at the office or one hundred years hence. So we recommend cash payments whenever possible and always small bills, as the panacea for these involuntary charity cases, and refusal to attend them if their credit is not maintained. This will at least save us a lot of time for ourselves.

Our code of ethics is admirable in many particulars and such parts of it as permit vague translations and double meanings could be readily cleared up, if we would take the trouble to conform closely to the clearer portions that we so readily comprehend. Doubtless, then, the right thing to do under questionable circumstances would occur to us automatically. We have many things to learn besides the memorizing of a set of courtesy rules governing customs between ourselves. We have an ethical relation to our patients which we must observe first of all. They are paying for this observance, and it should embrace the application of the very best knowledge we have and can obtain of their particular disorders. This would be known in other quarters under the thread-bare term efficiency. Another badly abused slogan that could be used in this connection is co-operation. Did we ever do otherwise than co-operate? We probably mean more co-operation, ignoring the countless trivialities in every day work that would tend to produce discord and to divert our attention from the bigger things in our work.

In conclusion, we wish to emphasize the point which we have obscured by these way-side wanderings, although striving to iterate and reiterate all the while, that any change for the betterment of the profes-

sion must come from within, and that the unit that must first be improved is the man himself, and that man is ourself in most instances. Better education, better training, better personal conduct, better practice—not bigger practice—and better business methods applied to ourselves individually, will make the body of the profession better and we, individually, will profit thereby in every respect, thus rendering any written code or codes unnecessary, useless and inert.

SOME LESSONS OF THE 1916 MOBILIZATION*

S. A. COSGROVE, M. D., Jersey City,
Capt. Medical Corps, N. G. N. J.

Nearly a century and a half ago thirteen North American colonies of Great Britain formed a loose confederation for mutual aid in throwing off an authority which had become obnoxious to them; there was no regularly constituted military body representative of the colonies, though many of their citizens had had military training under the flag of the mother country; with only this nucleus, volunteer forces drawn from the civil population, aided at the last by the fleets and land forces of France, succeeded in winning independence from a power a month's journey from their shores.

Again, about a century ago, the same people, now a little more firmly welded into a national entity, succeeded in repelling the aggressions of Great Britain, largely by means of a brilliant young navy, built and manned by a generation of master seamen, whose experiences in their ordinary course of livelihood fitted them well for the service of the primitive navies of that date. Half a century ago the raw volunteers and drafts of the North won eventual victory from the similar forces of the South after four fierce years of war, during which the rout of the Federal forces at the first battle of Manassas and the utter inadequacy of the sanitary service of the Northern armies until well into the third year of the conflict are but glancing evidences of military unpreparedness.

Less than a score of years ago the United States, attained to the status of a world power of the first magnitude, captured from a third-rate European power a few outlying possessions, again largely through

*Read before the Practitioners' Club of Jersey City, October 10, 1916.

a series of brilliant naval successes, and at a sacrifice of life far in excess of the importance of the military operations. When at the beginning, as I have indicated, the federation of States was very tenuous, it was but natural that each State should have its own military organization, but inasmuch as their services would ordinarily be required only occasionally in a police capacity they were simply enrolled from the civil population, and, consequently, their military efficiency was low. These constituted the National Guards of the respective States.

The regular army of the United States has always been small—absurdly so in relation to the size and resources of the country and the size of foreign military organizations. The reasons for this lie in the persistence of the conception of State sovereignty, as evidenced by the present State control of many functions properly Federal, fifty years after the Civil War had supposedly laid the ghost of State rights; the isolation of the United States from foreign politics the 3,000 mile expanse of ocean between us and our closest potential foreign foe of magnitude, the remembrance by the people of the ultimate successes of our meagre military history as sketched in the opening paragraphs, without critical analysis of the extra price paid in life and material for those successes by reason of the inadequacy of our permanent military establishment; and, finally, the complacent confidence that with the National Guard as a nucleus for unlimited volunteer forces to support our handful of trained soldiers the genius of our people would triumphantly survive any vicissitude which might assail it.

During the decades since the Civil War our military men, cognizant of rapidly increasing complexity of the art of war and of our increasing lack in the development of that art, have striven hard to overcome the complacency just described, but have been lifting up their voices in the wilderness of popular and legislative indifference to but little purpose. Finally, however, some idea of the necessity of closer cohesion between the regular establishment and the National Guard, if the latter were to be considered in any sense a part of our military resources, began to be impressed on Congress, resulting in the passage in 1903 of the Dick bill, and its subsequent amendments, which placed Federal funds at the disposal of the States for the instruction and equipment of the National Guard, contingent upon uniformity in their organization,

equipment and instruction with standards prescribed by the Federal Government. This legislation has, without doubt, increased the general efficiency of the National Guard, but this increase emphasizes its former inefficiency rather than measures its present efficiency.

With the outbreak of the present European war the colossal numbers engaged in the forces of all the belligerents and the rapid evolution of new methods of warfare began to make some impression upon even the dense indifference of American popular opinion and to lead to the growth of a demand for more adequate National military resources. But this demand is still nebulous—old ideals and prejudices still persist—and it has resulted so far only in certain legislation purporting to “Federalize” the National Guard. Under the provisions of this legislation the President of the United States called into Federal service on June 19th last practically the entire National Guard of all the States. In our own State this order affected a reinforced brigade consisting of three regiments of infantry, one squadron of cavalry, a battery of field artillery, and a detachment of signal troops, each with its quota of sanitary personnel, as well as two sanitary units, a field hospital and an ambulance company. The writer accompanied the Fourth Infantry as one of the attached medical officers. Inasmuch as all these units were far below war strength recruiting at once became brisk, and the sanitary personnel had their hands full with the physical examination of the applicants for enlistment in their respective armories. These examinations were inadequate both because hurriedly made, for only forty-eight hours elapsed from the publication of the mobilization order until the organizations were moved to the State concentration camp, and also because the medical officers of the State had always been habitually slack in their examinations for the State service. Later, recruits were sent to the concentration camp without any examination whatever.

Soon after reaching the concentration camp the medical officers were sworn into the Federal service so as to qualify them to assist in the examination of all other personnel prior to the acceptance of the latter by the government. Due to causes which I do not know, however, these examinations did not actually begin until several days later. This interval was utilized in inoculating the troops with their first dose of typhoid prophylaxis. This was rapidly

done. Later, at Douglas, two medical officers, with five enlisted assistants and four clerks, inoculated a battalion at a rate by which we estimated that could we have had the whole command ready as fast as we could handle them we could have inoculated 1,000 men, and recorded the inoculations, in a few minutes over two hours. When we did begin the physical examinations it was a big contract. One regular army medical officer conducted the examination of the whole brigade, assisted by as many of the State medical officers as were available. These were all organized into a team, in a large apartment, each with a clerk who recorded his findings on the individual forms. The men to be examined entered the apartment naked, passing from one examiner to another, each carrying his record slip with him as he progressed. Examiner No. 1 tested his vision, No. 2 his hearing, No. 3 inspected his nares, teeth and throat, No. 4 determined his weight, height and expansion, No. 5 examined the anus, genitals and inguinal rings, No. 6 noted spinal and skeletal deformities, mobility of joints, scars and identification marks, No. 7, the regular army officer responsible for the whole examination, noted the condition of the thoracic viscera, the man's general aspect and physique, superficial nervous phenomena, especially evidences of chronic alcoholism, and reviewed abnormalities noted by the other examiners. This examination was also rapid, several groups being handled at the rate of ninety an hour.

Later, as orders were received to proceed to the border, and the press of time became more acute, the making of records of those passed was deferred, the men being simply lined up and the examiners passing successively down the lines. While such speed would seem to be incompatible with thoroughness, it is perhaps sufficient commentary on the efficiency of this work to say that the only disabilities developed later among the 1,000 men of our own regiment (and all that did occur came to my official attention) were three cases of epilepsy, one case of clubfoot, three cases of pulmonary tuberculosis and one or two cases of extreme flatfoot. A few other cases of the latter condition came to light, but were not severe enough to constitute disabilities under the conditions of camp life. Ten days after reaching the concentration camp we started for Texas. Not even when we had the unusual chance of riding luxuriously in a Pullman at government expense, however, were the medical officers entirely free

from work. We celebrated the glorious Fourth by vaccinating the entire command as we crossed the flat country of the middle West. Sunday morning, at Buffalo, we made a "short arm inspection." Each enlisted man was constrained to exhibit his dearest friend to determine whether or not it had suffered in the fray with the summer girls during his ten-day sojourn at the seashore. This picturesque function about completed our duties en route except for the open-handed distribution of C. C. pills.

Our destination having been changed to Douglas, Ariz., we arrived to find that the government had prepared for our coming by the lavish provision of a water pipe line and two faucets on a nice level sandlot decorated with a sufficiently plentiful growth of cactus and greasewood. Right then was when the enlisted man stopped liking army life. From then on the medical officers' sole work was sanitation. Of course the men had to have the other doses of typhoid prophylactic, but that took only three days; daily sick call had to be looked after, but that meant only an hour a day for one man; our real job was sanitation. In regard to personal sanitation the men were sufficiently provided with clothes to afford the necessary change; shower baths were provided, of which, in that climate, the men were glad to avail themselves; venereal prophylaxis facilities were promptly provided. In relation to camp sanitation, the climate, the camp site, and the water were provided for us, drainage was speedily achieved, but there remained the all-important problem of the disposal of wastes. In this relation, the routine cleaning or policing of the camp and quarters presented no special difficulty, requiring only constant supervision and insistence to obtain very creditable results. But in relation to the disposal of human wastes, animal wastes, and kitchen wastes we were confronted with a tremendous inertia. The functions of the sanitary service are entirely advisory in relation to the institution of sanitary measures; the line is responsible for the carrying out of the recommendations. True, if the commander of an organization does not carry out the recommendations of his sanitary officer the latter can report his failure to higher medical authority, but if the higher medical authority cannot get corrective action from correspondingly high military authority there is no recourse.

Just where the inertia lay in this case I do not know, nor its reasons. But I do know that under date of July 10th there

was issued from the headquarters of the Southern Department, having military control over the whole border, a general order, applying to every militia camp on the border, covering excellently all the sanitary requirements. Among its most important provisions were:

First, that fly-tight latrines (toilets) should be provided, that they should be burned out daily with specified amounts of straw and crude oil, that they should be policed, that the seats should be scrubbed daily. It was more than a month after the publication of this order before materials were provided for these latrines, and then their construction was tardy; the materials finally provided were of such poor grade, and their construction was so unskilful, that they were far short of being fly-tight. In the meantime open trenches were in use, sheltered by canvas; these were also ordered burned out daily, but supplies of straw and oil were frequently inadequate; a sufficient guard detail was never provided to insure their adequate policing; the discipline of the men in relation to these open pits was lax in the extreme. All this was in spite of the constant criticism and recommendations of the sanitary inspectors of our own brigade and of the local military district.

Second, a clause provided that animal excreta be carried a specified minimum distance from the camp limits and there daily spread out and burned with oil; it was only after the utmost insistence by the sanitary officers that sufficient labor and transportation was tardily provided to carry this out.

Third, the order required that kitchen wastes be destroyed in incinerators of a certain standard type. A month had elapsed after we arrived before the first incinerator was built, and, if I am not mistaken, one or two companies never did build one. This again was due to the great delay in the provision of materials. In the meantime not even a good type of pit incinerator was built, the kitchen wastes were not thoroughly destroyed, and on many occasions accumulated in a most dangerous manner.

Finally, it was late in August before, materials being provided, it was possible to proceed with the erection of screened kitchen shacks.

The most ominous aspect of this whole matter was that, admitting the chief fault to have been somewhere in the line of supply, there was no disposition to devise or

adopt more easily attainable improvisations for the lacking devices, or to so operate those in use as to achieve the best possible results. Under such adverse conditions the sanitary officers endeavored to preach and enforce the individual care which would have obviated much of the menace of the defects in sanitary equipment. At least two daily inspections of the whole camp were made by the regimental sanitary officers in addition to those made daily by the brigade inspector and the district inspector, and all these were duly reported to the proper authorities, but just as you cannot teach a man the manual of arms in a day, just as you cannot inculcate military discipline in him in a week, so you cannot inculcate sanitary discipline in a week or a month. It takes time to teach a line officer to co-operate intelligently and earnestly, and, above all, persistently, with the sanitary officer; it takes more time to drill the enlisted man to sanitary obedience; it takes no time for the nimble fly to take advantage of your helplessness. The flies became a very curse—they were indescribably numerous and annoying. That camp experiences like those of '98 were not repeated under the conditions in our camp is remarkable. I think they were responsible for the enteritis which was endemic among the command during our stay on the border and at one time was seriously epidemic. Fortunately none of the cases were severe. That typhoid did not occur is either a remarkable attestation of the efficacy of the prophylaxis or due to the accident of there not being a single bacillus in the whole outfit. By the grace of God we brought home every man we took away except one who was killed in an accident such as frequently occurs in civil experience.

Such were some of the disappointing results in a sanitary sense of the drawing of a large body of men from civil life and placing them suddenly under conditions of military service. I believe that the results in other phases of their training were disappointing in similar, if not in equal, degree. One cannot take a raw graduate from medical college, no matter how well equipped with didactic knowledge, and expect him to do brilliant major surgery; one cannot take a shop mechanic and, having drilled him in the theory of aeronautics, hope that he will be a skilful air pilot; no man, no matter how high his mark in the correspondence course in the army schools, becomes thereby a competent officer; no clerk or truck driver, by reason of forty-eight

drills a year, a week in camp and a few school sessions, becomes a soldier. The regular army men have been splendid in their personal relations with us, delightful socially; the regular army has taken care of and fed and coached and paid us; has bullied and abused us; has praised us a little and cussed us a lot; they have tried and we have tried patiently and persistently, but they have not made regular army material out of us; we have been measured and judged by their standards, but are not of them, never can be, never will be of them. If the present tour of duty of the State troops has failed of producing more satisfactory results than have been shown it is hopeless to expect that better results will ever be achieved, for three months is too long a time to withdraw any considerable portion of the productive, dependent-supporting element of the civil population, such as the National Guard generally represents, from our communities every year or every two or three years, and the American people will have to seek some solution other than the "Federalization of the National Guard" of the problem of supplying adequate national defense.

UNPLEASANT POST-MOBILIZATION MEDITATIONS.*

BY HENRY BOYLAN ORTON, M. D.
Newark, N. J.

Perhaps it will not be considered out of place if we look into the reasons which led to the writing of this paper. There is, in many quarters, a feeling more or less freely voiced that the facts about the sanitary and other conditions as they existed on the border should not be openly divulged lest their publication would deter enlistments in the army and the guard. In many respects this opinion is sensible enough, but unfortunately there are in existence a certain number of people who take a grim delight in making our flesh creep. To all but the novice these eccentrics are, it is true, even more amusing than their opposites who never make a mistake or meet with a mishap.

Thus the censoring of unwelcome military information has had the effect we are all too familiar with in other departments of life, the generating of rumors much more dismal than the truth itself. Mod-

erate statements of happenings unsuccessful as well as successful has two surprising advantages. In the first place proper emphasis laid upon the difficult and dangerous restrains impetuosity and develops skill. In the second place by inducing inquiry and investigation, discussions of this type ultimately bring about a reduction in the number and degree of risk, either by modification of operations concerned or by its total abandonment when that step is seen to be advisable. The process thus counters the natural tendency in every military surgeon to lose himself in the artist.

In presenting this paper to you this evening do not misunderstand me in my criticism of the conditions existing on the border, especially the sanitary conditions last summer, as a reflection on the medical department of the army, for such is not the case. The association with the regular army surgeons and their willingness to instruct us was most gratifying, and for me to attempt to throw any reflection on them would be very discourteous. The criticisms—and I admit that their might be a few—are for the officers of the guard. To learn the fundamental principles of sanitation after mobilization shows a lack of training which either reflects on the medical personnel or the line officer failing to have had time allotted to them for lectures. This instruction should have been given and mastered long before. It is this lack of cooperation between line officers and the medical department that caused so much unnecessary friction between these parts. One of the lessons to be drawn from the recent mobilization of the troops along the border is the basic importance of the education of the line officer in sanitary matters, if the health of troops is to be safeguarded. The necessary relation between the two has of course been accepted in theory; but it remained for the mobilization to give its demonstration in practice. Medical officers as advisers have naturally been particularly interested in working out and familiarizing themselves with the sanitary measures by which best results could be accomplished; this has been done very effectively. Knowledge of preventive measures for preserving the health of the soldier has become so exact that as an abstract proposition in the care of most diseases it approximates mathematical certainty. In the vast majority of cases, medical officers are well informed as to the necessary sanitary procedures and are zealous in endeavoring to have them carried out. Some say that the mobilization of the

*Read before the Physicians' Club, Newark, N. J., Dec. 8, 1916.

National Guard has demonstrated that the efforts of the medical officers in respect to sanitary information should have been more widely directed toward the education of others as well as themselves. While adding to their own information they should have constantly informed their comrades of the line in respect to sanitary methods. But in this State, where I was camp surgeon at camp for instructions at Sea Girt one year ago, there was only one lecture scheduled for the week on personal hygiene. It was with difficulty that I obtained permission for a foot inspection after a hike and then not one of the line officers showed enough interest to come along and learn how to prevent and care for foot troubles. The only demonstration given this year was just before the final examination in officers' school. At the lecture I gave not half of the officers were present. The State generally has overlooked the fact that it is the line officer after all who must transmute the advice and theory into orders and fact.

As a result, at Sea Girt, when suddenly about 4,000 troops were sent to camp, the principles of camp sanitation should have been put into effective application without delay. The quartermaster department started to put in more taps and sinks, some nothing more than a hole with a pipe at the bottom of it and which immediately clogged up. The men were not ordered to collect garbage as they were supposed to do. We proceeded to make a rock incinerator for the burning of all kitchen refuse but were forbidden to continue them for the reason that the quartermaster department would not or could not supply wagons to collect stones. Here at the very start sanitary work was hindered. Later a sanitary order came out making the medical officer responsible for the sanitary conditions. Responsibility without authority. Thank goodness it was changed when we were out of the State control and the responsibility placed on the line officer where it belongs. and on a basis of common knowledge, a vast amount of education, explanation and reiteration for line officers became necessary. Many of the latter did not come to the border properly informed as to current sanitary standards and methods. Sanitary progress was consequently impeded, not by active opposition, but by the inertia of ignorance, failure to appreciate its importance, and deficient knowledge as to the practical application of measures for their betterment. Lacking adequate previous training, too many line officers were more

interested in the problem of getting a gun before the shoulder than in keeping a shoulder behind the gun. The medical service probably failed to arouse their lively appreciation of the fact, that both were equally necessary and achieved the same result in respect to military efficiency. At present the attitude toward sanitation of some line officers who have had a few months of border service is quite satisfactory. While others look on and fail to see the reasons for venereal inspections, proper policing of latrines and kitchens, because it takes fifteen minutes or a half hour a day away from their drill. Some learned much by experience, some have suffered efficient criticism, others have been reprimanded for their shortcomings. Some have been educated as to the reasons, and they have profited by lessons that they should not forget, but they all should have known this before the necessity arise. The personnel of the service changes, there will be new and untrained officers in the future. The general officers of the several States should insist on every line officer knowing and enforcing sanitation and that he is responsible for his men and not the medical officer, for the medical officer is not a scavenger but a sanitary inspector.

Another lesson to be learned is one that relates to discipline. Particularly is this true with respect to sanitary discipline which is most difficult to instill into a command. Mere discipline in ranks while the men are under arms may be of a low grade and very superficial, and still serve a certain purpose. The real test of training discipline and respect for orders and authority comes when the man is off duty, not under direct supervision, and in a way is master of his own actions. This last expresses the quality of discipline that pertains to sanitation. For sanitary faults are not committed through ignorance or willfulness by organizations as such, but through the individual acts of persons composing such organizations. In this higher discipline, at least, our troops are deficient. This is partly due to the fault of American individualism which resents supervision and control. It is also the fault of the militia system. Military control is too loose to penalize sufficiently infractions of orders; the result is usually a compromise, and military compromises are incomplete and unsatisfactory. A vast amount of fly screening has been put in and about kitchens and mess halls. Much of this was unnecessary, for when we arrived on the border we found few if any flies,

and it was not until the recommendations of the regimental surgeon had been ignored, or not properly enforced, that it became necessary to screen the places. Not until repeated recommendations were made for the burning of refuse from the kitchens and refuse from the picket line and the burning of the latrines had been made and ignored or not enforced as late as August 21st that the camp commander ordered all work suspended in the entire brigade for the purpose of waging war on the fly.

The conditions at the time were ideal for the prevalence of typhoid fever and if the men had not received their anti-typhoid inoculation there would have been thousands of cases of this dreaded disease. Much of this is a direct concession to poor discipline. It represents either a confession of weakness or an evasion of responsibility. For if proper measures, such as were recommended, had been vigorously enforced against fly production and for fly destruction, the number of flies would have been so small as to be negligible and the screening would not have been necessary for protection of health. The presence of flies was uncontrovertible evidence of a condition of bad sanitation which had not been remedied. The fly screening is purely symptomatic treatment. The soldierly as well as the scientific way would have been to enforce the elimination of the fly-breeding places, thus removing the evil at its source by eliminating the cause. We were in training for real service and not to have our garbage collected every place we go by the unreliable garbage man. For the shortest sanitary bridge is from the table to the fire. Then why were we not permitted to build the rock incinerators at Sea Girt at once instead of being stopped by the quartermaster department? Should we not carry out in mobilization camps the simple methods of field sanitation which would have to be employed in war? Failure to punish men who throw food material around, and the offending cook and others for not obeying orders. The fly tells on a dirty cook and unclean places, and a poor kitchen technic means indigestion. The company kitchen is most important, it with its personnel and surroundings should be absolutely sanitary. The cook and his assistant should be clean, and his assistants should not be men punished by being given extra kitchen duty as penalty, as was done in a number of cases. All that is required to secure equally good results is the enforcement of orders. There

was much interest in non-essentials while neglecting the sanitary necessities. Filth remained about the camp while men were playing ball and flies swarmed about the kitchens and the latrines. Roads were whitewashed and so were tent pegs, while the latrines were neglected and the clothing of the tent squad was dirty.

But every thing would have been so much better if we were all housed at the Gadden, water carriage for sewage, and paid scavenger and garbage collector to relieve the soldier of this disagreeable duty, and had the line officer enforce the sanitary orders. The time has come for a full realization of the fact that sanitary orders like all other orders are to be obeyed and the discipline is the driving force behind sanitary requirements which make them effective.

Without that driving force as evinced by the regimental surgeon, Major Wolfs, whose untiring care and devotion to his duties overcame many obstacles that were placed before him, I can without any equivocation say that we would have had more sickness than we did.

From May 1, 1916, to October 18, 1916, among 170,000 troops on the border, had only 24 cases of typhoid fever without any deaths. As compared to 1898, when among 147,793 troops, had 20,986 cases of typhoid with 2,192 deaths in eight months. 1899—Among 105,260 troops had 2,184 cases and 258 deaths. 1900—Among 100,389 troops had 978 cases and 164 deaths.

FATAL CASE OF BICHLORIDE POISONING FROM VAGINAL ABSORPTION.*

BY WALT. PONDER CONAWAY, M. D.,

Atlantic City, N. J.

The following case from my wards in the Atlantic City Hospital I consider of sufficient importance and interest to report before this society.

Blanche W., white, age 23 years, a waitress, was admitted to the gynecological ward on August 17th, 1916, at 8.30 A. M. suffering from enlarged vulva, inability to urinate, severe cramp-like pains in the lower abdomen, vomiting, headache and diarrhoea. The history of the case which she gave, and which was corroborated by her girl companion, was to the effect that on the previous night, after an all-night debauch with two male companions, she was

*Read before the Obstetrical Society of Philadelphia, February 1, 1917.

advised by her girl friend to use a bichloride tablet to prevent conception; but that no instructions were given her as to the correct method of its administration. She inserted the tablet (which she said was white and somewhat larger than a headache tablet) in the vagina, pushing it up as far as she could with one finger. This was about 4.30 that morning. She tried to sleep but found this to be impossible on account of a burning pain in the vagina, which increased in severity until a few hours later when she was sent to the hospital.

On admission to the hospital the patient had a subnormal temperature, pulse rapid but of fair volume, respirations slightly increased, and there was considerable headache, nausea and vomiting. The vulva was considerably swollen and painful, which rendered catheterization almost impossible. The urine was scanty, high colored and already showed evidence of acute nephritis. The symptoms all increased in severity and the next day there was a bloody discharge from the bowels with persistent retching, vomiting, headache and abdominal pain. On the second day there was a pronounced thirst, dryness of the buccal mucous membrane, severe headache and a beginning suppression of urine. The temperature was subnormal and the pulse rapid, thready and weak. Intravenous infusions of sterile water, enteroclysis as often and as much as could be retained, lukewarm baths and hot packs were used. Albumin, milk, milk of magnesia and alkaline diuretics were given by mouth. The vulva became more swollen and there were many eschars on the vaginal walls and on the labia. These began to slough on the fourth day. Morphine hypodermically was used for the pain. The symptoms all increased in severity on the third and fourth days, and on the fifth day she succumbed to uraemic toxicosis with convulsions. A post-mortem was refused by the family.

In a paper read before the Association of American Physicians in May, Lambert called attention to the tremendous increase in the number of cases of poisoning from bichloride of mercury. Sabbatani states that the same is true of Italy, and that during the past few years the number of cases of fatal poisoning from mercuric chloride is progressively increasing. From 1903 to 1912 there were in Italy 4,993 cases of fatal poisoning, and of this number 38 per cent. were due to mercury. Sabbatani is of the opinion that this number is below the actual facts, as probably the death from

bichloride was in some instances ascribed to other causes. He estimates that if we assume that if only one in three or four dies, the number of cases of poisoning would total six or eight thousand in the ten years. In question, in a population of 33,000,000. He states that the average of nearly a thousand cases a year has been exceeded in the past two years, and that the number of suicides by this means has increased from 20 in 1899 to 309 in 1912. In his opinion this great increase in poisoning from bichloride is due to the fact that the drug is so easily obtained. A law should be passed prohibiting the sale of tablets containing bichloride of mercury, except on a physician's certificate; and even then, as Sabbatani suggests, the number should be limited so that the amount will be used up soon and none of the tablets are left over.

Witthaus* studied 231 cases between 1879 and 1896. One hundred forty-one were due to irrigations of vagina and uterus and 48 of these were fatal. Of the 231 cases, 172 were neither obstetric nor surgical. Of these, 70 were accidental, 47 suicidal and 27 homicidal.

I regret that I have been unable to find any more recent statistics bearing on this subject.

ACUTE LYMPHATIC LEUKAEMIA,

DEVELOPING 48 HOURS AFTER A MINOR SURGERY PROCEDURE.

BY FRANCIS H. GLAZEBROOK, M. D.,

Morristown, N. J.

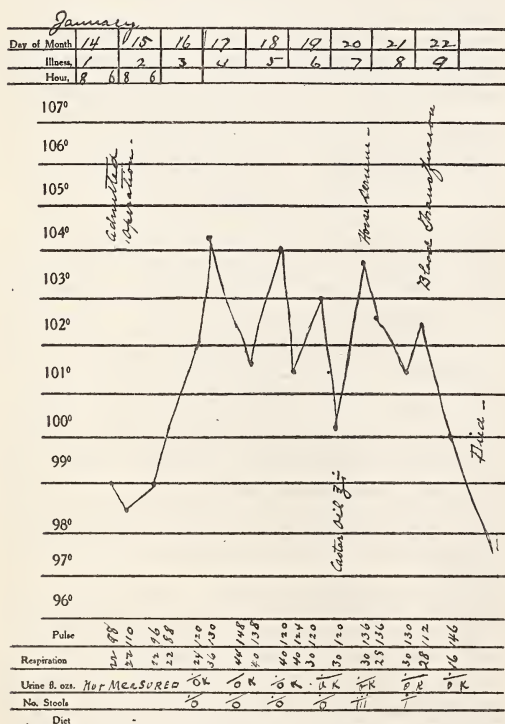
A. K., well nourished, healthy female, widow age 36 years, seamstress. One difficult child birth 9 years ago. Consulted me first at my office January 11th, 1917, complaining of hemorrhoids; history revealed the fact that she had recently—about two weeks previously—been confined for a week by an acute febrile attack, supposed to have been la grippe, at that time she had no evidence of respiratory involvement, simply fever, anorexia and general aching.

Examination of her local complaint showed a discharging sinus about an inch from center of anal opening in median perineal line; a probe introduced through this proved it to be a superficial fistula, the internal opening being anterior to sphincter ani, there was no evidence of hemor-

*Witthaus and Becker. (Medical Jurisprudence, Forensic Medicine and Toxicology, N. Y. (1896).)

rhoids. Vaginal examination showed the pelvic organs normal except for a transverse laceration of cervix with a cord-like adhesion between the anterior lip of cervix and the vaginal wall. I advised incision of fistula and freeing of utero-vaginal adhesion which I believed to be a factor in the cause of troublesome backache.

On January 14th, she was admitted to the Memorial Hospital, and I operated under gas, oxygen and ether anæsthesia. January 15th, A. M.—The operation was simple, fistula proved to be horse-shoe variety with quite an abscess cavity at bottom, it was laid open, sinus excised with scissors and left packed with iodoform gauze, the utero-vaginal adhesions were ligated at both ends and cut; patient was returned to bed in good condition. The first two post-operative days were uneventful, but on January 16th the P. M. temperature was 101 F., pulse 120 and patient restless and anxious; the next morning the temperature was 104 F. (see temperature chart); careful examination of field of operation showed wounds clean and in every way satisfactory. Examination of throat, chest, and abdomen were negative.



On the afternoon of January 18th there was a sudden large hemorrhage from vagina, this was preceded by uterine pain,

and the expulsion of a large clot, bleeding continued profusely for about an hour, and then ceased almost entirely. The temperature continued between 101 F. and 103 F., pulse was rapid, 120-160. On January 19th there was another hemorrhage from uterus, the patient showed great change in general appearance, mucous membranes were pale, eyes sunken, restless, anxious expression and generally uncomfortable; on the 20th the nurse called my attention to some petechial spots which had appeared on body and extremities, these increased so that anywhere the patient was touched with any pressure a hemorrhagic mark appeared; during the night there had been bleeding from the nose, and patient was coughing and expectorating blood freely. In spite of the administration of full doses of calcium lactate, and ergot, together with horse serum, the bleeding increased, and the whole condition became more serious. There was now embarrassed respiration and a severe pain, over spleen. Examination of the blood was as follows.

Hæmoglobin, 34%; R. B. C., 2,074,000; W. B. C., 34,000; transitional leucocytes, 2%; large "mono." lymphocytes, 98%.

The red cells showed no abnormalities. The urine examined before and several times during course of illness was normal.

The diagnosis acute lymphatic leukæmia was very evident after blood examination. On the afternoon of January 22nd I did a transfusion by the indirect citrate method from patient's sister, injecting about 600 c.c. of blood. The patient's condition seemed more comfortable following this, but at 11 P. M. this same night she suddenly died. At no time was there any involvement of glandular system nor was the spleen demonstrably enlarged.

Lymphatic leukæmia is a rare disease, fully five times as rare as pernicious anæmia, occurring usually during adult life, and characterized by an overflow in great numbers into the blood of new lymphocytes. The acute cases are characterized by the large number of lymphocytes appearing in the blood, running as high as 99%. I have never seen a case reported as complicating an operative procedure; all the cases result fatally. The acute form usually within ten days. Osler reports that X-ray has certainly favorably influenced the course of chronic cases, but there is some question about the chronic cases being the lymphatic type.

The case just reported was a most malignant type and rapid in its course, the pa-

tient succumbing in six days after the first symptoms. Nothing of any definite character is known, concerning the etiology of this disease. I cannot conceive, however, how anything but a most virulent infection could produce so rapid a destructive process. It is universally thought that infection beginning in the bone marrow is the primary cause, but nothing is known of the character of the infection nor of its source. There has been nothing in the history of the cases which I have investigated to throw any light on the mode of entrance of the infection.

This case is of interest in that there was a positive history of a chronic infection which had probably existed for some months. The question also arose whether the acute febrile disturbance occurring a

few weeks before the operation was an acute exacerbation of the chronic local infection about the rectum and also the causative factor in the final illness or whether this illness was an acute infection of some entirely different character; at any rate, here is a case of acute lymphatic leukæmia with a definite history of localized infection preceding the onset of the symptoms of the disease.

I regret that no culture was made of the discharge from the fistula at any time, as it might have thrown some light on the character of the organism. The healthy appearance of the patient before operation, the absence of enlargement of spleen and liver, together with the absence of glandular involvement prove this to have been a very acute type of this disease.

PROCEEDINGS OF THE New Jersey Joint Conference on Tuberculosis

HELD IN THE BOARD OF HEALTH BUILDING, NEWARK, DEC. 5-7, 1916

(Continued from Page 74, February Journal)

On Thursday morning, December 7, 1916, a clinic was held in the Clinical Department, Board of Health, by Dr. Thomas N. Gray, Director, Division of Tuberculosis of the Newark Board of Health.

December 7th—Afternoon Session.

The afternoon session was devoted to a "Symposium on the Medical Aspects of Tuberculosis Prevention."

Dr. Thomas N. Gray acted as chairman and assumed the chair with the remark that "we shall confine ourselves to the problem of the prevention of tuberculosis from a medical standpoint and for that purpose we have been fortunate in securing three speakers. It gives me great pleasure to have a man like Dr. Ellis Bonime address you on this vast subject."

Dr. Bonime had as his topic the

"Importance of Early Diagnosis of Pulmonary Tuberculosis as a Preventive Measure."

The topic, said the speaker, is a very difficult one, whole libraries bear evidence as to its tremendous scope and the few minutes allowed each speaker are barely sufficient to touch upon and give a synopsis of the subject.

Early diagnosis of tuberculosis: This is the only diagnosis. The best possible results can only be looked for from this course as far as treatment is concerned.

But we must all remember that the finding of early diagnostic signs are not the only thing that is to be thought of in taking up the entire subject of diagnosis. We must handle it from the standpoint of the physician, the patient and the public in general. How can a physician hope to get an early diagnosis if the patient does not apply for it. It is up to the patient to apply for help as soon as the least suspicion occurs in his mind that something is wrong. This however, requires public education. The public must be told that in the early stages it is not even infectious. It is not necessary to give up occupation or home to be cured, this idea of leaving home for a different climate and the threat of infecting one's family has often caused the fear of having tuberculosis discovered and the true condition is concealed until it becomes evident by the manifestation of symptoms which can no longer be suppressed. Again the threat of giving up an occupation where the patient is the sole support of the family or relatives and these two factors together may keep the majority away from early diagnosis of tuberculosis. It is not alone sufficient to teach in lectures and pamphlets the necessity of an early diagnosis and to go to the physician as early as possible, but we must begin to teach the public in gen-

eral as well as the physicians in the outlying districts the mechanism, the different phases of the tuberculous infection and we will then realize what steps are necessary.

Tuberculosis differs entirely from any other disease known to us. You have typhoid fever and pneumonia and they come with symptoms warning us to get early help and we can properly apply the treatment. In tuberculosis this is different. It is a double disease. In the first place there must exist the tendency; it cannot be acquired without this tendency. I think that the lack of realization of this disease has been in the way of progress and cure with it. We know that in the case of typhoid fever a certain inoculation can prevent typhoid fever. In the case of tuberculosis it is sufficient for us to discover this tendency and try to prevent the disease in those who have this predisposition. Let us examine into this tendency. It is a hyper-susceptible condition, nothing more nor less than an idiosyncrasy of certain persons. One person out of so many thousands finds a certain article of diet or food is poison to him. In the case of tuberculosis we have a like condition or idiosyncrasy. Infection is universal. Statistics give estimates of 90% of atopsies that show infection—probably during early childhood—of tuberculosis. The human race has in this way—by infection—proved that we have a natural immunity to this infection, otherwise we would long have perished. 8-10% of the population, however, have not this immunity, and the first infection probably leaves behind in those 8% an idiosyncrasy that cannot stand another infection.

A new infection means to these a new active lesion. What is more simple than the utilization of this idiosyncrasy in early tuberculosis. It is not so simple as it seems. Except in early childhood there is a test, and the Von Pirquet test is well-known, by which we are able to test this idiosyncrasy in children from other children that do not have it, and, of course, this is a topic not very new, but it has not been followed up to a great extent. We feel that by preventing this idiosyncrasy we would be on the right road to prevention. We have utilized it in vaccination and have stamped out smallpox. The Von Pirquet test for hyper-susceptibility is less strain on the child in any way than ordinary vaccination. Still we have neglected that test and only applied it in individuals already suspected of having the disease. In adults we have a more difficult method of

application of the test, it requires not only the local manifestation that it produces, but also requires constitutional reaction, during which symptoms which are suspicious of probable tuberculosis will begin to be more evident, that is during the reaction they will have a constitutional affinity for lesion and around a lesion there will form a hyperaemia and this will aggravate all symptoms which go to prove the lesion. Then there are other usual tests of auscultation and percussion and the early signs which are so well known that I need not go into these at all. My object here is to call attention to the fact that in case of tuberculosis we have presence of hyper-susceptibility before we cure our patient and this fortunately can be slowly eradicated by gradually getting the system accustomed to the poison. The gaining of such tolerance to the poison, if acquired before infection has made itself manifest, will very often and perhaps always give immunity to tuberculosis. The eradication of this hyper-susceptibility before the disease has fully become manifest will sometime suffice to stop the process and prevent the recurrence of the disease. Now this process has been described under the name of anaphylaxis.

There is another reason why we have not come to an early diagnosis. We have not been simple in our theoretic expounding of this idiosyncrasy, the method of overcoming infection, and, when one has attempted to use this immunity, he has done so without a clear understanding, without the mechanism itself and usually expected too much. We see day after day the application of certain treatment to certain diseases and expect the disease to disappear. It is not infection alone that is the cause of the trouble, but the results of infection having been there when we arrive upon the scene. It is not sufficient to stop war to ensure the rebuilding of the destroyed cities. The same holds good with tuberculois. We forget the fact that the fever has stopped and the cough is stopped, that the local tissues that have been the seat of infection are now different than before. Cavity is not tuberculosis, but the result of tuberculosis, and long attention is required to the cavity before we can say the patient is well.

I don't want to keep you long on this topic but if I can only do one thing I will thank you for your attention and that is to tell you that there is a new path we must take in the treatment of tuberculosis. Fresh air, diet, cleanliness—all have been

necessary, but they have been used and preached for years, and still we have tuberculosis. We have perhaps diminished the percentage in one locality; it has increased in another; diminution will only scrape the surface. A hundred thousand cases constantly under treatment all the time in this country alone, but if we are to really benefit by this campaign against tuberculosis we must arm and fight just as much for prevention as cure which must come and the same principles as those for the cure of smallpox and typhoid fever.

Dr. Charles B. Slade of the New York Health Department read a paper in which he emphasized the importance of the hospital as a preventive measure in the fight on tuberculosis, and incidentally gave figures of the New York Health Department showing the remarkable decrease in mortality from other communicable diseases in New York City, which were approximately 1,000 less for the last quarter.

Dr. Slade's paper was entitled:

"The Importance of Hospitals as a Preventive Measure."

I will first have a few words to say concerning the meaning and application of the word "hospital" in the title of my paper. I assume it was intended to embrace all institutions, whether called hospitals or sanatoria, which are devoted to the housing, care and treatment of tuberculosis.

On first thought it might seem of little consequence whether such an institution be known as, and called a hospital or be known as and called a sanatorium, but I am convinced that it is of more importance than any other feature of this work which has not been thoroughly discussed. Continued experience has brought me to the opinion that all institutions devoted exclusively to the care of tuberculosis, whether they be located in the city or country, should be called *sanatoria*, for the following reasons:

First—Through education and experience, persons afflicted with tuberculosis look upon admission to a sanatorium with hope. They enter a sanatorium willingly and, therefore, in the best possible frame of mind.

Second—To a great extent an institution is apt to live up to the name we give it. The physicians and nurses, as well as the ward attendants and patients, strive to keep its conduct, diet and atmosphere up to its name and what is expected of institutions of its class. Under the existing nomenclature, a city hospital, for the exclusive care of tuberculosis, soon becomes known as a hos-

pital for incurables—a dreadful handicap! It is, therefore, not strange that persons with tuberculosis go to any length to avoid entering these institutions. They think—not entirely without reason—that they are going in there merely to drag out a semi-neglected existence until death relieves them from their suffering.

Before estimating the relative importance of hospitals or sanatoria in the prevention of tuberculosis, it is well to take a rather broad, if brief, view of the history of our knowledge of this disease. We do not know whether Hippocrates considered the disease contagious, or not, although he described consumption four hundred years before Christ. We find the first declaration that consumption is contagious in the sixteenth century by Montano. So fully had its infectious character been proven in the eighteenth century, that the authorities of Nancy burned the bedding of a patient who died of consumption. Isolation and disinfection was to a certain extent compulsory in a part of Italy, and notification in Spain and Portugal in the same century. In 1865 Villemin, a French physician, inoculated animals with tuberculosis. After this time—1865—tuberculosis was generally recognized by scientific men to be dependent upon a specific germ. In England hospitals and sanatoria for the special treatment of tuberculosis were established before the discovery of the tubercle bacillus by Koch in 1882.

This discovery of the tubercle bacillus unquestionably gave fresh zest to efforts by various sanitary authorities, for the control of tuberculosis. In 1886 and 1887, sanitary and medical authorities in many parts of the civilized world began to deal with the problem along improved scientific lines. It was in the United States that the first comprehensive system of control was applied. This work made rapid headway in New York City under the urging of Dr. Hermann M. Biggs. In 1894, there was in operation in New York City a comprehensive and well co-ordinated system of control under the Department of Health. This system has been steadily improved and perfected until at the present time it consists of the following provisions:

(a) Compulsory notification.

(b) Free bacteriological examination of sputum.

(c) Laws against spitting in public conveyance.

(d) Special hospital and sanatorium accommodation for all classes of cases.

(e) Forcible removal of dangerous and uncontrollable cases.

(f) Renovation and disinfection of premises.

(g) Special clinics and day camps for tuberculosis.

(h) Visiting the homes of the tuberculous poor, attending the bedridden in their homes.

(i) The organization of various auxiliary and social workers.

(j) A preventorium for children in poor tuberculous families.

(k) Various methods of public education along lines of care and prevention.

(l) The periodic examination of school children, food handlers and some other industrial workers.

In order that we may not get too far afield in contemplating these various branches of the anti-tuberculosis work, let us focus our minds upon the primary objects of them all. They are *two*: First, the prevention of new cases; second, the best possible treatment of existing cases. Now suppose we had to choose, from all measures yet devised, the one which promises the highest degree of success in obtaining these *two* objects. I think we will all agree that to have every existing case of tuberculosis in a special institution would be the scientific ideal. In a properly conducted sanatorium, a case of tuberculosis is no longer a source for the spread of the disease to other members of the community; so that, if this condition existed universally, when the last present case of tuberculosis dies tuberculosis would vanish.

Of course, the reasons why such a procedure is not possible are too obvious and numerous to recount. However, the fact that the ideal is not immediately obtainable should not prevent us from trying to arrive as close to it as possible. It is only by continuously striving for the ideal that scientific efforts have ever been crowned with success. As Robert Koch said, on his last visit to the United States, an increase in the degree and efficiency of segregation is the logical next step in our work for the control and prevention of tuberculosis. It should be kept in mind that cases of so-called surgical tuberculosis are potential sources of spread of the disease through sinus discharges and pulmonary lesions which they may at any time develop, so that segregation of these cases is also desirable.

Since segregation appears to be the recognized ideal, as a preventive measure,

let us review our present equipment and work for segregation. Let us search for imperfections susceptible of improvement. It has been customary to divide special institutions for the care of tuberculosis into two distinct classes—the hospital, usually located within the city, for the care of advanced cases and, the the sanatorium in the country for early or hopeful cases. The functions of all of these institutions are the same—*segregation, education and treatment*, why not call them by the same name—*SANATORIUM*? Even if it should cost a little more to maintain the city institutions on a level of attractiveness equal to the country sanatoria it would be good economy. Under existing conditions the greatest benefit received from sanatoria is probably the education of the inmates in self-care and prevention. This is not possible in our city hospitals. In 1911 there were 3,235 beds specially for tuberculous residents of New York City, since that time 1,396 have been added, making a total of 4,631 beds. This still leaves the number far inadequate for a city of about 6,000,000 people, where there are certainly not less than 40,000 clinical cases of tuberculosis. Since New York has been in the front rank of anti-tuberculosis work for years, it is certainly fair to take the above as an indication of the best that is being done in most large centers of population.

While examining applicants for admission to the Otisville Sanatorium I encountered a very large number of cases with positive sputum whom I could not accept, because our infirmary capacity at the sanatorium was not large enough. These persons would not enter hospitals in the city for reasons I have already stated, and remained at large, active sources for the spread of the disease. They were not of a type which would justify forcible removal. It was this experience which made me say, before the New York County Medical Society in 1911, that I thought the wisdom of admitting to the sanatorium only early cases was open to question. At the same time I urged upon the New York City Board of Health the enlargement of our infirmary capacity at Otisville by the addition of one hundred beds. Shortly after that time plans for an infirmary to contain one hundred beds were drawn and the foundation was begun. The building has not been finished, although I feel quite sure that the desirability of the plan will insure its ultimate completion. Because of limited infirmary capacity in the Otisville Sanatorium, it frequently becomes

necessary to transfer infirm patients to the city. Naturally a strong effort is made to have these patients, nearly all of whom have positive sputum, enter hospitals. So strong is their dread of city hospitals that (in two years at the male unit and three years at the female unit) seventy-four patients thus transferred have absolutely refused to enter a hospital, though they would have entered a city sanatorium, conducted as such. They returned to their homes, usually too sick and discouraged to make any effective attempt to protect others from the disease. There are other good reasons why the infirm capacity at sanatoria should be greater than is now the rule, but those I have already given are, I feel, sufficient to prove my contention.

The question has been raised as to whether it is legitimate to expend public funds, under the functions of a health department, for the housing and care of persons in whose sputum tubercle bacilli have not been demonstrated. There are good points for argument on both sides of this question. It is very true that the person who has tuberculosis, but whose sputum is negative, may become an open, sputum-positive case at any time and thus be a source of danger to others. It is also true that if such a person does not receive the best care he is more likely to become sputum-positive than would be the case if he entered a sanatorium and was properly treated. This view would weigh in favor of admitting him to the sanatorium early, while his sputum is yet negative. On the other hand, while such a procedure affords no immediate and probable protection to the community, it also raises the difficult question of diagnosis in sputum negative cases, and opens the door to possible waste in caring for a number of persons who actually have not the disease. Many of this latter number would unquestionably become pauperized through enforced relative idleness for many months. I believe that, so long as we can not house all of the sputum-positive cases, the sputum-negative and legitimately doubtful ones over twelve years of age should not be cared for at public expense as cases of tuberculosis.

There is a very considerable number of highly desirable and conscientious persons afflicted with tuberculosis who will not, cannot, or think they cannot, give up their responsibilities for the long period required for institutional treatment. This will probably always be the case. As much as I would like to see tuberculosis stamped out,

and as important as is segregation in accomplishing this, yet I feel that this allegiance to duty and obligation is still more important for the broad welfare of the race. To properly balance these several objects should be our aim. I am very sure that we are far removed from a public state of mind which would sanction compulsory segregation of all cases. My present opinion is that by improving the attractiveness of city institutions, by public education, worthy social charity and the maintenance of sanatorium efficiency, we should segregate the greatest possible number of cases of tuberculosis, commensurate with the general welfare of the race.

Dr. B. S. Pollak, professor of phthisiotherapy, New York Post-Graduate Medical School and Hospital, the next speaker, read a paper on:

"How the Infection Is Spread."

I have been asked to present, for discussion this afternoon, the topic, "How the Infection is Spread." The chairman of this session requested particular reference to *infection in childhood*.

Were it not for the presence, in this audience, of teachers—men of wide experience in the tuberculosis fight—I would take the liberty of saying that tuberculous infection is practically limited to childhood. The medical profession and those statisticians and social workers who are interested in the tuberculosis problem are pretty well agreed on this fact. The accumulated experience since the time of Laenec, almost one hundred years ago, points to infection in childhood.

It has been said that tuberculosis is a chronic process which accompanies the human being from the cradle to the grave, or that it is a song, the first verse of which was sung over the cradle. In order to approach this subject succinctly, permit me to emphasize facts as we now comprehend them, viz., tuberculous infection and clinical tuberculosis, as met with in the adult in the form of pulmonary tuberculosis, or the serious type of tuberculous disease as met with in children, are essentially different entities.

In order to arrive at some definite conclusion, we will admit the rarity of the transmissibility of the disease, not forgetting, however, the inherited physiological poverty to which Professor S. Adolphus Knopf has so often referred.

We cannot be unmindful of the fact, that, considering the tuberculosis question, predisposition plays an important part, and

that crowded quarters in unsanitary environments continue to be the places where tuberculous infections occurs most frequently. Sociological investigations have proven that tuberculous infections occur in homes that were occupied by consumptives who had died; this would bring us to the conclusion that in tuberculosis, house infection must be considered one of the most fruitful sources of infection and should, therefore, be made one of the main points in our preventive attack upon the disease.

Investigations made by Flick and Craig in Philadelphia, and more recently by the social service department of our institution, have shown that in the congested sections of the cities of Philadelphia and Jersey City, most of the deaths from tuberculosis in children could be traced directly to house infection received from sources above referred to.

It would appear that our efforts toward the prevention of infection should be mainly directed against the human source, therefore, we will assume that infection from tuberculosis generally occurs from man to man.

Observations in young tuberculous children, during the first and second year, have universally shown the presence in their immediate neighborhood, of adults with open ulcerated lesions; even though a similar condition exists in older children, it is impossible to definitely fix the causes, because of our inability to properly control these children, that is to have a constant watch over them and their associates, but as the fact has been absolutely established, **as to the source of infection of infants it may be inferentially accepted that in older children a like process of infection occurs, hence the conclusion that tuberculosis infection generally occurs from man to man.**

Infection from tuberculosis generally occurs through inspiration. In substantiation of the above, animal experimentation has proven with almost absolute accuracy, that after an artificially produced tuberculosis infection, a primary seat manifests itself at the site of the injection together with the tuberculous infection of the regional lymph glands. For instance, if an injection is made into the superficial layers of the skin of the left shoulder, there develops, within a reasonably short time, a superficial swelling at the site of the injection, and with it an enlargement of the lymph glands of the left axilla; if this injection is made into the muscular tissues of the right leg, a tu-

berculous abscess occurs, with its accompanying infection of the lymph glands of the right knee joint.

If a large amount of bacilli is introduced with food, per rectum—and I want to emphasize here, that a large amount of bacilli is necessary—there develops a tuberculous swelling of the intestines, and likewise a tuberculous condition of the mesentery glands. If this infection is produced through inspiration, one or more seats of infection is produced in the lungs, and there occurs likewise an infection of the bronchial glands. Experiments, conducted at Vienna, have proven in a large series of cases of children who had tuberculosis, and who had died either from scarlet fever or diphtheria, that 95% of these cases, when brought to autopsy, showed one or more primary seats of infection in the lungs, with the accompanying infection of the bronchial glands; hence the contention that infection generally occurs through inspiration of bacilli which emanate from one afflicted with tuberculosis of the lungs.

Infection with tuberculosis, causes a certain immunity against renewed infection. This statement is one drawn by analogy from experiments with animals. If the superficial skin of a guinea pig is injected with tubercle bacilli, there occurs, within the course of two or three weeks, at the seat of infection, a tuberculous swelling, with a corresponding tuberculosis of the regional lymph glands. If this same animal is again injected in a similar manner, at a different point, within a period of five or six weeks, no change whatever occurs, except perhaps, in rare instances, a slight swelling; therefore, we may expect similar conditions to prevail in the human being, for children, who have lived in close contact with people afflicted with pulmonary phthisis, and who have died, either from tuberculosis or other causes, usually but one or two, or at the most three seats of infection were found in the lungs, and not many, as the unlimited opportunity to infection from masses of tubercle bacilli, to which these children had been exposed, might indicate. In other words, it is only the first infection that shows signs, whereas later infection, through the medium of developed immunity, remains unrecognized at autopsy. Romer contributes largely to the knowledge of immunity. From his findings we are led to assume that infection in infancy and childhood is producing an immunity which is saving the race from extinction by tuberculosis.

Infection with tuberculosis present various manifestations; it may pass off, remain latent, or completely heal. That this is the case, is confirmed by the findings that many children, although reacting to tuberculin, never give any symptoms which would clinically indicate tuberculosis. The general symptoms are remittant and irregular fever, weakness and loss of weight; the local symptoms are entirely different, and depend upon the locality of the tuberculous seat of infection.

Infection with tuberculosis may result without any apparent manifestation of illness, or death may occur shortly after infection. It may run a latent course, showing repeated tendencies to relapses or may, after many relapses, tend to heal. Many people react to tuberculin, who have never shown any manifestations of the disease. In these people the infection has run a latent course.

Occasionally we find a case which, after associating with a tuberculous individual but a few weeks, suddenly shows signs of active miliary tuberculosis, or tubercular meningitis, without having shown any symptoms which might suggest tuberculosis. Again, we often see children, and also adults, who unquestionably recover after an attack of tuberculosis of the eye, bones, pleuritis and bronchial glands; such people, of course, react during their lives, to tuberculin. It is peculiar that tuberculosis, in children, has a tendency to relapses, and these relapses may lead either to complete healing or even cause death.

I want to emphasize especially, that children, who have become infected, and who have shown no active symptoms, very often, after an attack of measles, show exacerbations; this is positively explained in that the disposition to tuberculosis is heightened by all conditions that tend to undermine the system. Therefore all infectious diseases, especially whooping cough, measles and influenza, unhygienic surroundings, want of food, impure air, insufficient sunlight, and mental or physical exertion, will enhance the possibility of infection, showing active manifestations. It is therefore no wonder that relapses from tuberculosis are so common among the poor. Pulmonary tuberculosis is a late form, or the tertiary manifestation of relapses from tuberculosis, and one of the forms of tuberculosis characterized by progressive infiltration of the lung tissue, and subsequent caseation and cavity formation. Thousands of cases brought to autopsy show this form of tuberculosis to

be by far the commonest in the adult, but extremely rare in the child. This is explained that this form of the disease can only develop after infection, covering a period of from five to twenty years, therefore, it is very common to find in children who die of pulmonary tuberculosis a history of exposure to infection in the first or second year of life.

The spread of tuberculosis is caused by pulmonary tuberculosis. The softening of the lung tissue produces an irritation which causes the cough, and in turn the accompanying expectoration of the tubercle bacilli; these are inhaled, either in the form of droplets or they become dry and are inhaled with the dust, thus the non-infected child, playing on the floor, becomes a prey to the invasion of the bacilli. This infection then, as previously indicated, will either remain latent or become active, or tend to relapse, and, depending upon the particular tendency displayed in the individual case, we will have either healing or death. It is clear that if there are many relapses and the immunity is not sufficient we will have a development of pulmonary phthisis, and thus the circle of tuberculosis infection as it commonly occurs, is completed.

Is it not fair for us to assume, with Hamburger, that tuberculosis, as understood at present, resembles another infectious condition, syphilis? We find, in tuberculosis as well as in syphilis, a primary stage with primary symptoms and regional lymphatic gland involvement; a secondary stage, which runs through a course of years, with tendency to relapses, and a tertiary, or late stage, which is known as lung consumption. In tuberculosis, as well as in syphilis, we find immunity against renewed infection. It is in the child where the prominent symptoms of the secondary stage present themselves oftenest, differing from the tertiary stage in tuberculosis, usually met with in the adult.

In order to complete this theory of infection, we need but mention tuberculin, in order to convince ourselves that this infectiousness is reliably traceable. With this theory established, we can hope to establish a prophylaxis, which shall eventually solve this question. This prophylaxis must be commenced with the earliest days of the infant's existence, for we need but mention in passing, the experiences of Reich, who pointed out that in a little village with a population of thirteen hundred souls, fourteen infants were infected by a tuberculous midwife, whose custom it was to remove

the mucous from the mouths of these infants by mouth to mouth aspiration, and incidentally, we might bear in mind the investigations of Charles White, of Pittsburgh, who has urged the necessity of careful supervision of midwives; nor can we forget the pointed lesson which was brought to the attention by Hess, of New York, in connection with his observations in an infant asylum of New York, where the employment of a tuberculous attendant infected all the infants of one ward, where this woman was employed.

The ease with which infection occurs might be further illustrated by mentioning the case of Hamburger, where a child had been exposed but for one hour. Aside from this, as has been pointed out by Woodruff, Fischberg and others, who have written on ethnology and have directed our attention to the comparative ease with which primitive people, who have never been infected, become infected just as soon as they come in contact with civilized people.

Wherever civilization exists, there is tuberculosis an, apparently, with the development of civilization, there is an increase in morbidity and a decrease in mortality. May we not, then, in view of these facts, assume a different attitude, in so far as infection is concerned, and may it not be advisable for us to admit that much of our prophylaxis, in so far as it relates to the adult, has been misdirected, and would not our purposes be better served, and the public much more benefited, were we to direct our attention to infection in infancy and childhood? Let societies, conventions and all agencies, national and international, who have an interest in this fight against tuberculosis, adopt most strenuous efforts toward the forceful segregation of the advanced case of consumption from our infants and children; and let our efforts be directed toward the multiplication of hospitals for the advanced cases, and the sanatorium be replaced by the preventorium, so that the children who have become infected might be given an opportunity to fight against the infection. If such measures were adopted, the next generation will see practical results, and a strong nation will rise and bless us for the work of prevention which we have performed.

Dr. Ellis Bonime, in discussing Dr. Pollak's paper, stated that while it was not customary to discuss the papers of one another he thought it was necessary for him to say a few words with regard to Von Pirquet test and that he had in mind that

a primary infection must take place before hyper-susceptibility is established and developed. The children that do not react had no primary infection and it is not a question of which were hyper-sensitive and which were not because they all became infected. He urged the repetition of the tests for confirmation.

Dr. Pollak, answering said, "We say let us not dwell on immunity but I can not get away from immunity and mentioned it several times in my paper, but I know that resistance is lowered by any condition without fresh air, and the necessary nutrition, all of which tends to increase hyper-susceptibility. I expected Dr. Bonime to speak from a real viewpoint on immunity but not from a viewpoint of theoretic understanding." In answer to a question as to the identity of the bovine and human bacillus and the relative percentage of the two in causing human tuberculosis, Dr. Pollak quoted the Imperial Health Board of Germany, and Dr. Parke of the British Royal Commission whose findings are that 95% are due to the human bacillus, but that the type of bacillus is the same.

ROUND TABLE DISCUSSION

"The Social and Economic Aspects of the Tuberculosis Problem."

Dr. Theodore Teimer, chairman of the Tuberculosis Committee, Newark Board of Health.

Dr. Teimer opening the discussion stated that the burden of the Tuberculosis Problem in the State of New Jersey lies upon Essex and Hudson counties and especially Newark, and that it was incumbent upon the city to take the initiative. It is the center of population. As to the causes underlying the problem we have overcrowding, poverty and poor housing conditions, ignorance and intemperance. The object of the present discussion is to bring out the bearing each of these conditions has upon the disease and we should view them in the light as far as they are causes. I will call upon Mr. Eaton, a man who can speak from the viewpoint of long experience with the various conditions affecting tuberculosis prevalence.

Mr. Eaton: There may be some truth in the contention that our people are not getting a living wage, but that is only one of the factors, as drink, dissipation and low wages bring about the real conditions responsible. I am particularly interested in the removal of patients to hospitals in the case of tuberculosis, as we find that there are over 70% of those suffering from the

disease who have no way of taking care of themselves at home, without endangering their families and causing new cases of misery. I wish to go on record as favoring and urging the establishment of greater hospital facilities to take care of our tuberculous.

Mr. McDougall: We realize that in charitable work there is insufficient relief available for the tuberculous cases where the question of diet is an important question and that will continue to be true because of insufficient funds to meet situations of this kind. I believe the matter should be made a municipal question. Merely enough will not meet the situation. There must go with that knowledge of the family conditions. The sifting of the facts, the taking into consideration the human elements dealing with family life. In order that we may have a grip on the situation these things are necessary. We are often accused of red tape and making many inquiries before the actual relief is given, but there is unfortunately no other way out under present conditions. There must be more wise arranging of family work with the relief of tuberculosis. It seems to me that every nurse ought to have a preliminary training in social case work, in the knowledge of how to deal with the family and how to conserve and strengthen the moral fiber of the family, and to secure the co-operation of the patient. For these reasons anyone coming into this field of work of necessity should come with training for family work.

Dr. Armin Fischer in giving his views as to the social and economic aspects of the tuberculosis problem averred that it was his firm and reasonable belief that the physician is the greatest agency for the betterment of conditions among the tuberculous, as it is he who comes into contact with the various strata of society and it is he who can suggest the proper remedy in each case and work for the bringing about of municipal aid where it is needed most. And, he added, "a physician who is not acquainted with the social conditions as they exist among his patients and in his district is not worth his salt."

Mrs. Culver, of the Parental School, spoke of the work at that institution and stated that she would like to know if it would be feasible to make the Von Pirquet test a regular routine procedure in connection with the school as the school managers were desirous of doing all they could in connection with the prevention and early detection of tuberculosis in children.

Mr. Eaton replying to the query of Mrs. Culver said it was his opinion that there would be so many children who would react to the Von Pirquet test that the school would be soon at a loss how to place them.

Rev. J. J. Moment, of Newark: I will say just what my interest in this particular part of the conference is. We want to get the definition in our minds of what social and economic factors mean. It is very difficult for most Americans to think of social conditions at all. All they do is to try some means or other of relief work. Under the name of social conditions most Americans do not seem to know what we are getting at or what we are talking about. We must learn to think socially so that we can get up and discuss social questions. There is no promise of success in the movement unless we get busy and carry out social service as well. There must be new wage scales. New and better conditions of labor. These things constitute a large and difficult problem. There is too much individualism. We refuse to look at those problems. You may say it is socialism or something of that sort, but it is a thing we have to do. The time will come when we will face these problems. The whole business should be remodeled and if we must we should start with the Government at Washington. It has to be done and unless we realize that I don't think we will ever get anywhere.

(To be continued next month.)

Clinical Reports.

Cure or Arrest of Hydrocephalus.—Dr. Eureka relates the case of a child aged 14 months who sustained a fall from which there followed perforation of a hydrocephalus with bulky effusion under the skin. As a result of three punctures from 500 to 700 cm. of this effusion were drawn off and the balance was absorbed. The disease, if not cured, was at least arrested. —Zentralblatt fur Chirurgie.

Foreign Body in the Esophagus.

Reported by Dr. Urban Macs, New Orleans, at the Orleans Parish Medical Society.

On July 7, 1916, I was called to the Charity Hospital to see J. C., age two. The child seemed happy and was playing around the hall. The mother's story was that six days ago the child had swallowed a brass beer check. Since then it had not been able to swallow any solid food, but liquids were taken without any difficulty. The X-ray picture showed the foreign body to be on the root of the neck, just behind the manubrium.

After failure with the coin catcher and esophagoscope, I determined to perform a left-sided esophagotomy. This was technically easy, and despite the suture of the esophagus and drain-

age of the external wound, a virulent infection occurred with some sloughing, allowing all of the food taken by mouth to escape through the neck wound. The child was fed by proctoclysis and, passing the stomach tube, nourishment was given that way. Despite a bronchopneumonia, the child has made a good recovery and was seen by me a few days ago.

Removal of a Fragment of a Tracheotomy Tube from the Lung; Six Years After Its Inspiration.

An Italian, 33 years old, twelve years previous to the present complaint had typhoid fever necessitating intubation. On removal of the intubation tube tracheotomy was performed and he had worn the tube ever since. The past six years he had suffered from violent attacks of coughing, accompanied by expectoration of blood and much pain in his chest. An X-ray examination revealed a foreign body lodged in his right bronchus opposite the left intercostal space. The patient was etherized and the foreign body removed by means of the Jackson bronchoscope. The symptoms cleared up but the patient refused to allow the tracheotomy wound to be closed, although it seems that this might have been done readily and his proper method of breathing restored to him. Dr. O. M. Rott review in Surg., Gyn. and Obstetrics of Dr. F. R. Packard's case.

Large Perforating Ulcer of Anterior Walls of Stomach.

W. H. Livermore, M. D.

Surgeon, Chickasha Hospital, Chickasha, Okla.

On account of the magnitude of the perforation, I wish to report a case of chronic perforation of the stomach. The patient was referred to me by Dr. P. J. Hampton, of Rush Springs, Oklahoma, December 13, 1916. Age 55.

Emaciation marked. Could not walk alone. He gave a history of indigestion lasting for twenty years. Had never been incapacitated from work until the past month. Never vomited blood or food. Had never seen blood in stools but had noticed stools very black at times.

Examination of stools showed occult blood. No tumor could be palpated in abdomen. Tenderness marked in left epigastrium, two inches to left of median line, and at border of ribs. Exploratory operation was advised and accepted. The stomach was found firmly adherent to the under surface of left lobe of liver. Pylorus free. Moderate dilatation. On separating stomach from liver an opening into the stomach, four by three inches, was found on anterior surface. The edges of this opening were thickened and friable. The lymph glands of lesser curvature were moderately enlarged. The surface of the liver exposed to stomach contents was of a grayish color and very fibrous.

A complete gastrectomy was performed, being careful to get all lymphatic glands of both chains. A flap from greater curvature was left attached to oesophagus and used to make a gut three inches long to which the duodenum was anastomosed end to end. Abdomen closed with soft rubber drains in place.

The picture inserted below gives a fair conception of the perforation.

The patient made a smooth operative recovery and rapidly gained strength and flesh. Was able to walk from hospital to auto and from auto to train sixteen days after operation. He reported feeling fine and gaining strength rapidly January 12, 1917.



Courtesy of Dr. W. H. Livermore.

Extract of a Shrapnel Bullet from the Third Lumbar Vertebra.

Reports of foreign bodies extracted from the vertebrae are rare. Dr. Auvray reports such a case in a soldier struck by a shrapnel bullet in the lumbar region a little to the left of the median line. The bullet had become encrusted in the vertebral column. Radiography showed it inserted in the body of the third lumbar vertebra at its superior and left lateral part.

Four attempts at extraction had failed, the only result being the formation of lumbar fistulae. Dr. Auvray succeeded in removing the bullet by utilizing the paravertebral route. The post-operative course was normal. A small fistulous tract still persists, but the author believes it will close in due course of time.—W. A. Brennan, in Surg., Gyn. and Obstetrics.

Esophageal Stricture of 40 Years Standing Cured.

Dr. William S. Watson in the Pacific Medical Journal, relates this case. A girl developed strictures from foreign body at the age of 14. The points of stenosis were three in number. The condition was progressive, and for 25 years preceding treatment she had been unable to take any solid food and was only nourished through prolonged attempts to swallow fluids. Nothing could be done by simple dilatation, and the author began the use of a minute electrolytic bougie. After three months' treatment she was able to eat semi-solid food. Sessions lasted five months after which patient suspended the treatment prematurely. She returned in four years, and the good results had persisted, although he thought otherwise. After four more sessions she gave up treatment and left perfectly satisfied. The cure is only a relative one as she is not only cautioned against solid foods, but has a natural dread of them. She was 62 years old when cured.

Lipodystrophy in a Boy.

Dr. Boissonnas, in Correspondenz-Blatt fur Schweizer Aerzte, describes a case of this relatively new affection which has hitherto been seen to attack girls only. The patient is six years old and his trouble appeared two years before, after pertussis. The face, while its musculature is normal, is quite free from fat. This lack of fat involves the neck but does not extend further downwards. Arms and trunk have normal fat, but the notes and lower extremities show a notable increase of adipose. On account of this peculiar distribution the dystrophy is spoken of as "fatleggedness." The absence of fat in the face and neck gives a peculiar appearance to the child, whose cheeks are hollow and eyes deeply sunken. The diameter of the cheek shows that only skin and mucosa are present.

Caseous Tuberculosis Focus in a Child's Lung.

Drs. Rist and D'Oelsnitz, in Bulletin de la Societe medicale des Hospitaux, reports this case: Cuti-reaction negative. The X-ray showed a shadow surrounded by a clear area in one of the lower lobes. Diagnosis vacillated between hydrated cyst and neoplasm with possible tuberculosis. Death. Autopsy showed an isolated focus of tuberculosis, evidently primitive.

Abstracts from Medical Journals.

Voice Defects Following Adenoid and Tonsil Operations.

Dr. Walter B. Swift of Boston says operations for adenoids and tonsils often fail to relieve habits of faulty articulation and consequent school retardation. Vocal drill by one trained scientifically in speech disorder is the surest method to secure speedy permanent relief, in that perfect articulation that makes possible an easy enjoyable conversation.—(Boston M. & S. J.)

Radical Extirpation of the Lacrymal Sac.—

Dr. Carrases has performed this operation 110 times, using the Seidel technique. The principal factor in this operation is the avoidance of hemorrhage, which must be controlled sufficiently to permit of a deliberate and careful dissection. The addition of adrenalin to the novocaine is necessarily of great value, and later pledgets of gauze soaked in some local hemostatic may be used as occasion arises. Save when hemophilia is present a good hemostasis is possible before the actual dissection of the sac.—Revista de la Asociacion Medica Argentina.

A New Test for Syphilis.

Dr. McDonagh, in the Proceedings Royal Society of Medicine recently gave a brief account of his new test for syphilis which he terms the Emulsoid-gelatin or Gel Test. The latter is as follows: If glacial acetic acid is added to blood serum, a syphilitic serum is readily identified through the rapidity of precipitation and resulting degree of opacity. Syphilitic sera contain much more protein nitrogen, more adsorbed amino-groups, and more adsorbed electrolytes. The sulphate of a heavy metal (lanthanum in the test) is dissolved to saturation in the acid in order to cause a greater precipitating action.

Gonorrheal Hallux Valgus.

Dr. Bertein, in Jour. de medecine et de chirurgie pratiques, expresses his belief that some cases of hallux valgus may be of gonorrheal origin. The extrinsic causes usually assigned are not credited by the author who regards the origin as strictly intraarticular. He refers, of course, to the acquired form.

Gonorrhea as a Cause of Sterility.

Gonorrhea is said to be the commonest cause both of absolute and relative sterility in women, probably 50 per cent. of all causes. It prevents conception in the early stages by hindering the living germs on which impregnation depends from reaching the uterus, and also by destroying their vitality. Impregnation would therefore appear to be impossible during an acute attack of gonorrhea, and although pregnancy may possibly occur during the sub-acute stage it not infrequently ends in miscarriage owing to the inflammation from the vagina creeping into the lower zone of the uterus. Should the child be carried to term, the risk of infection of the tubes and ovaries is greatly increased. This leads to such alteration in the structure of these essential organs as to

cause the well-known "one child fertility." When complicated by streptococcic and staphylococcic infection gonorrhea may lead to puerperal sepsis and death.—Lancet.

Some Practical Notes on Blood Pressure.

Dr. Dearborn, in the Medical Record, calls attention to startling variations in the blood pressure taken at minute or two-minute intervals in all normal individuals. He logically claims that an accurate blood pressure determination is an half hour procedure, taking readings every minute or two.

The author enumerates twenty specific influences which may vary the reading. Among those that invariably play a part are: the muscle tonus of the arm, the degree of tonus of the arterial wall, the varying shape of the arterial cross-section at any moment, previous exercise, the emotional state and even mental activity.

The author does not attach any sinister significance to a low blood pressure any more than to a slow pulse.

(The author's article further emphasizes the necessity of taking several blood-pressure readings on the same and different days. The examiner should endeavor to establish a standard for all readings as to position, previous rest or activity both physical and mental, etc., a standard not requiring certainly an half hour for repeated readings at one-minute intervals).

Laminaria Tents in Premature Delivery.

Although the use of tents has been largely condemned, as a technical error, Dr. Esmann, a Norwegian in Nordisk Medical Arkiv has published a series of 39 cases of induced labor involving their use. Dilation was begun with Hegar's bougies up to No. 18, after which sea tangle tents were repeatedly inserted. In nine cases spontaneous labor set in, aided in two cases by injections of hypophysis extract. If no response followed after 18 to 24 hours the tents were removed and the membranes ruptured. In 21 cases labor soon followed (two women required hypophysis extract). The remaining nine cases required forceps or version. Thirty-four children were dismissed from the hospital in good condition. The tents were sterilized for 20 minutes at 130° C.—Medical Record.

Radical Treatment of Gastric Ulcer.

Dr. J. Cuning, London, in the July 22 Lancet, says that gastro-jejunostomy is unsatisfactory as a cure for gastric ulcer and may even add to the discomforts of the patient. He holds that all gastric ulcers can be excised except those adherent to important structures, and gastro-jejunostomy is useless for these. In such instances, the stomach can be detached from the base of the ulcer, the opening closed, and the base of the ulcer, after being scraped, is excluded from the stomach.

End-Result System in Surgical Operations.

In an article in the Am. Jour. of Surgery, Dr. Albert Ehrenfried summarizes the appendicectomies which he performed during the year 1915. Beginning with 1915 he started a scheme of recording his personal operations in such fashion as to make them readily acces-

sible for following up, and about April 1, 1916, he rounded up the results for the preceding calendar year. The writer thinks that the adoption of this form of tabulation is of great advantage to the surgeon as it impresses upon him the fact that the immediate technical success of an operation is only one of the important desiderata. By the application of this, the so-called "end-result system" by which the final results in operated cases are reported and crystalized in a tangible form, the surgeon will be enabled to obviate minor and distressing complications.

Carcinoma of the Prostate.

Drs. E. G. Mark and H. E. McCarthy in the Missouri State Medical Journal, contribute an able paper on the above subject. They cite Dr. R. C. Bryan's article in Surg. Gyn. and Obstet., 1912, dividing prostate carcinoma cases into three classes, as follows:

No. 1.—The precancerous or early intramural invasion associated with or independent of a benign hypertrophy. This category of cases can only be revealed in the laboratory. There are no physical signs, subjective or objective, signifying malignancy. The operation is performed in good faith for hypertrophy, the results are clean and the prognosis is good.

No. 2.—At that moment that the cancer establishes itself peripherally, becomes subcapsular and there is an invasion backward along the ejaculatory ducts, involving the seminal vesicles and establishing anteriorly about the bulb with a fixed urethra, nodulation and induration, evidencing a varying consistency of the organ, coupled with a history distressed by pain, hemorrhage, or weakness, the condition of prostatic cancer is now in its second stage and it is essentially at this time, or varying phases of this period, that the surgeon is called on for diagnosis.

No. 3.—This category is that of a progressive or marked cachexia and anemia, where the pain or hematuria have been persistent and uncontrollable. Osseous and lymphatic metastases are evident, urinary embarrassments imperious and harassing. The gland is now so greatly enlarged and involves its neighboring viscera to such an extent that it requires attention, not for removal but to relieve those conditions which such an increment has brought about. This stage is the prostatico-pelvic carcinosis of Guyon.

Drs. Mark and McCarthy deal with the second and third classes of the above classification and in closing present the following conclusions:

1. That no lives are saved or complete recovery made by radical operations in cases of clinically recognizable carcinoma.

2. That no matter how extensive the procedure, the carcinoma is not eliminated and by the traumatizing we increase rather than decrease metastatic possibilities.

3. That palliative measures, viz., drainage, Roentgen ray and antisepsis, do retard growth of the carcinoma, and do not open up more than the natural means for metastasis.

4. That a proper drain, properly fitted, does away with most of the pain coincident with cancer of the prostate and allows the patient a reasonable existence for the remainder of his allotted time.

County Medical Societies' Reports

ATLANTIC COUNTY.

Byron G. Davis, M. D., Reporter.

The annual business meeting of the Atlantic County Medical Society was held in January at the Hotel Chelsea, and was well attended.

After the reports of the chairmen of the committees on "Nurses Registry," "Sanitation and Public Health," "Board of Censors" and the annual report of the secretary and treasurer; the following officers were elected for the ensuing year: President, Dr. W. J. Carrington; vice-president, Dr. Samuel Stern; secretary-treasurer, Dr. S. W. Clark; reporter, Dr. Byron G. Davis.

On adjournment the members and friends retired to the hotel grille where the annual banquet was served.

The regular February meeting was held at the Hotel Chalfonte, Friday evening, the 9th.

The scientific meeting was opened by Dr. J. C. Bloodgood of Baltimore, who read an interesting paper on "The Cancer Problem in General," profusely illustrating his subject with lantern slides.

Dr. M. Howard Fussell of Philadelphia gave an interesting talk on "The Diagnosis and Treatment of Diseases of the Gastro-intestinal Tract."

Dr. William Edgar Darnall of Atlantic City presented a case of hypernephroma.

During the business program a discussion of the slobbering, unscientific statements which were appearing almost daily in the newspapers, relative to lack of co-operation between the physicians and police in "curing" the so-called "dope" cases in the city, and which statements were broad in a sense that a stigma was cast on the medical profession as a whole, led to the unanimous adoption of the following resolution:

"Resolved, That we, the members of the Atlantic County Medical Society, unanimously request the proper authorities to prosecute any and all physicians against whom they have evidence of the violation of the so-called Harrison and Narcotic laws, in accordance with their sworn duty.

"That we further request that if the evidence held be not strong enough to convict, that in future all reference to this matter of violation of the above mentioned laws carry with it the names of any and all physicians against whom there is proof that they are continuing to write for the drugs prescribed in the laws.

"And be it further resolved: that, if the authorities do not see their way clear to grant either or both of these requests, then we demand that they cease to further stigmatize the entire profession. We demand that they cease to implicate, by direct word or veiled inference, a body of men composed of law-abiding citizens, who take as much pride in, and are as zealous of the fair name of their city as any other body of men who call Atlantic City their home."

CAMDEN COUNTY.

Grafton E. Day, M. D., Reporter.

The December meeting of the Camden County Medical Society was held at the Dispensary on the 12th, Dr. M. K. Mines presiding.

Dr. I. N. Griscom was received by transfer from the Cape May County Society. The resignation of Dr. R. J. Iszard was accepted. The proposed amendment to change the time of meeting from the afternoon to evening was adopted.

Papers on "Fractures," "Retention of Urine" and "Broncho-Pulmonary Hemorrhages" were presented, respectively by Drs. A. S. Ross, A. H. Lippincott and L. C. Lyon, in which practical and helpful ideas were combined with scientific explanations. Each paper brought out helpful discussion and the Committee on Program was heartily congratulated.

In compliance with the request of President Marvel of the State Society, a committee was appointed to co-operate in considering the effort to secure a Maternity Hospital for each county in the State.

Drs. James D. Smith and Beulah N. Hollingshead were elected members of the Society.

An excellent dinner followed and in the post-prandial talk Rev. Dr. Holmes F. Gravatt, of Camden, most entertainingly delighted us with a forceful, inspiring address.

The Committee of Arrangements is to be congratulated and its members were the recipients of praise for the innovation of having no alcoholics at the dinner—Thus putting us in line with the progressive attitude of the business and industrial world, and in line with the attitude of most of the County Medical Societies.

ESSEX COUNTY.

Richard J. Brown, M. D., Reporter.

The Essex County Medical Society met February 15, 1917, in the Board of Trade rooms, Newark, Dr. Ralph H. Hunt, vice-president, in the chair. The meeting was held under the auspices of the educational committee of the State and Essex County medical societies.

Subject, "Compulsory Health Insurance, With the Worker, Employer and State Each Paying a Share of the Cost." The lecturer was Dr. I. M. Rubinow, statistician, of New York. The speaker stated that 50 per cent. of all cases of relief are due to sickness and therefore the immediate purpose of social progress must be the relief of destitution in this country which is already overwhelmingly rich and growing richer every day. The sickness among workers is to a very large extent untreated. Sickness drives the workers to the free dispensaries where they are demoralized by the necessity of appealing for medical charity, to organizations for financial aid or to the factory where their condition is such that they should not work.

Europe has for more than three decades practiced compulsory health insurance. Massachusetts and California are the only two States which endorse Social Insurance. In combatting labor's objection, Dr. Rubinow declared the advantages must outweigh any disadvantage, because employer and employee share in the cost, while under the union system the employee pays all. The advantage of a healthier labor force more than compensates for the small additional tax which does not cost the employer more than 1½ per cent. of the pay roll.

In Europe out of each dollar paid, 91½ cents go back to the worker, the 8½ cents being the

cost of administration. He stated that when it is remembered that as high as 40 per cent. of wage-earners remain untreated, that perhaps the majority of wage-earners make use of free dispensaries and that many others apply to private physicians and fail to pay their bills, it becomes evident that a system which will abolish unpaid medical service and guarantee the payment of all work done for the insured will accrue to the benefit of the medical profession and therefore should be supported by all. He stated that the workers would be permitted to select their own doctors and a standard fee would be agreed upon by the doctors and workers.

Henry Carless, counsel to Essex Trades Council and Charles P. Ingalls, of the Trades Council, declared that opposition because of the compulsion feature was not competent as union members already were compelled to pay fees for their own particular kind of insurance. Others who discussed the paper were Treadwell Cleveland, Jr., Harry P. Goas, referee of the Workmen's Compensation Bureau, Drs. Arnim Fischer, T. N. Gray and A. S. Chiger.

The Essex County Anatomical and Pathological Society meeting was held in the Board of Health Auditorium, February 8, 1917.

The following were presented: (a), Demonstration of Cases: (1) Symmetrical Osteomyelitis with Regeneration, Dr. Blackburne; (2) Chronic Edema of Leg from Stasis, Drs. Cook and Kirkman; (b), Demonstration of Specimens by Pathological Staff of City Hospital; (c), Discussion of Cases, Dr. Martland.

The William Pierson Medical Library Association met February 20, 1917, at the Library rooms. Dr. Mefford Runyon presided.

Dr. G. L. Broadhead of New York City spoke on "The Treatment of Eclampsia with Especial Reference to Abdominal and Vaginal Cesarean Section."

HUDSON COUNTY.

Paul Andreae, M. D., Reporter.

The fifth regular meeting of the Hudson County Society was held at the Carteret Club, Bergen avenue and Mercer street, February 6th, 1917, at nine P. M. Dr. Henry J. Bogardus, president, in the chair.

Dr. Howard S. Forman of Jersey City spoke on the inadequacy of Hudson County to take care of contagious diseases and suggested that a committee of five be appointed from the society to confer with delegates from other societies, and these to wait upon the board of Freeholders and adopt plans to provide for the proper care of cases of contagious diseases. This suggestion was made in the form of a motion and passed unanimously.

Dr. C. A. Birdsall of Jersey City, representing the Greenville Medical Society told of the increase in fees adopted by that society and recommended the adoption by the Hudson County Medical Society. After considerable discussion pertaining to what the minimum fees should be, the following was adopted unanimously:

Office calls, \$1.00 to \$2.00; house calls, 8 A. M. to 5 P. M., \$2.00; house calls, after 5 P. M., \$4.00; phone calls, \$1.00; confinement, \$20.00 (normal cases.) These prices to be the minimum; the local papers to publish that the doctors had raised their prices 100 per cent.

Dr. Birdsall also spoke on the abuse of medical charity and suggested that the legislative committee of the society meet with the State authorities and formulate laws to make the misuse of charity a misdemeanor. This was made into a motion by Dr. Samuel A. Cosgrove and was passed unanimously.

Drs. Joseph Binder, H. L. Lockwood and Paul Guadagni, all of Jersey City, were recommended for membership and their names handed to the board of censors.

The paper of the evening, "Procrastination," by Dr. W. F. Faison, of Jersey City, was very interesting and educational. In it he gave very easy and simple ways of diagnosing some of the diseases on which we slip up very easily.

Dr. S. R. Woodruff of Bayonne gave an illustrated lecture on "The Pathological Conditions of the Posterior Urethra." Dr. Woodruff certainly knows more about the posterior urethra than some of us ever expect, or want to.

In all, we had a very interesting and profitable meeting and if our meetings continue to improve as they have been it will behoove the State to watch Hudson County. To those who have not been attending our meetings a suggestion may be profitable: Come every month or you will be a "has been" and certainly not up to your neighbor doctor.

MERCER COUNTY.

Enoch Blackwell, M. D., Reporter.

The regular monthly meeting of the Mercer County Component Medical Society was held in the Commissioner's Chamber of the Municipal Building, Tuesday evening, February 6th. The meeting was called to order by the president, Dr. Funkhouser.

Dr. W. W. Stevenson of the State Hospital read a very interesting paper on "Infantile Paralysis," with a review of the local epidemic. The paper was discussed by Drs. Cotton, North and McGuire.

Dr. Shepherd addressed the society on the importance of paying more attention to the wording of bills.

Drs. Carnochan and Vanneman of Princeton and Dr. Garriss of the State Hospital were elected to membership into the society. Dr. Crane was admitted to membership by certificate from the Essex County Medical Society.

The matter of physician's fees was brought up and discussed and it was decided to draft a measure on fees and publication of the same, viz.: Owing to the numerous calls on the resources of the physician and the present high cost of living, the present rate of compensation is entirely inadequate; therefore be it resolved that the present rate of fees be advanced.

Visitors present were Drs. White of Philadelphia, Gosline, Garriss and Barry of the New Jersey State Hospital and Dr. Richards and Wm. P. Home of Pennington. There were thirty-two members present.

SALEM COUNTY.

Norman H. Bassett, M. D., Reporter.

A regular meeting of the Salem County Medical Society was held at Stetser's Hotel, Woodstown, N. J., on Wednesday, February 7, 1917, at 1.30 P. M.

Following regular business of the Society there was a paper presented by Dr. George E.

Shoemaker of the Presbyterian Hospital, Philadelphia. The subject of this entertaining and instructive paper was "Some Gynecological Problems Met in General Practice."

At the conclusion of the meeting dinner was served in the Hotel dining-room.

SOMERSET COUNTY.

J. Hervey Buchanan, M. D., Reporter.

The Somerset County Society held its stated bi-monthly meeting at the Ten Eyck House, Somerville, Thursday, February 8. Owing to bad roads the attendance was small. A general discussion of interesting cases had been arranged and the members present had a goodly number of such to present. In short, it was one of the old-time experience meetings for which Somerset has been noted and from which the members have derived much benefit in the past.

Local Medical Societies' Reports

Bayonne Medical Society.

Edward E. Lupin, M. D., Reporter.

A regular meeting of the Bayonne Medical Society was held at the Elks' Club on January 15, 1917, Dr. L. F. Donahue in the chair. After the business meeting, interesting cases were discussed. A case of multiple sarcoma of the skin was reported. In spite of the bad prognosis in this case, by the use of violet rays, it cleared up entirely.

Dr. S. R. Woodruff reported a case of congenital cystic kidneys. No urinary symptoms though both kidneys were very much larger than they should be. One brother and two sisters died of the same disease. Dr. Woodruff advises against operation, as the condition is usually bilateral.

Dr. Hunt reported a case of bradycardia after gripe. The pulse at one time was 28. He thought it was due to the toxic action on the myocardium.

Dr. Forman gave a ten-minute talk on "Management of the Delivery of Child Birth."

Dr. Morris Frank read the paper of the evening on "Infant Paralysis."

The paper was discussed by Drs. Sexsmith and Klein.

Clinical Society of the Oranges.

Walter B. Mount, M. D., Secretary.

A regular meeting of the Clinical Society of the Oranges was held on Monday evening, February 12, 1917, at the Essex County Country Club, Dr. J. K. Adams being the host. Called to order at 9.15 P. M., Dr. G. O. McLellan in the chair. The question was brought up of the advisability of opening the summer schools next summer in view of the possibility of the development of poliomyelitis. It was the sense of the meeting that the summer schools might be opened until the disease should appear.

The paper of the evening was read by Dr. Smith on "Dakin's Solution." A general discussion of the subject followed.

Dr. R. F. Ringland reported two cases of acute tonsillitis with prompt recovery, followed in a few days by an acute nephritis. The younger woman visited her mother while she (the mother) had her tonsillitis and

then had the same sequence of events, except that she was very sick, had a marked oedema and an anuria. She had had a normal first pregnancy with a normal delivery two months before. Dr. Rosenow reports that there is a definite infection affecting the tonsils and the kidneys.

Dr. S. A. Muta reported a case of acidosis in a girl of 7 who was awakened with epigastric pain and vomiting. Enemas were ineffectual. Rectal temperature was normal. Convulsions occurred 13 hours later and were controlled by chloral and bromide by rectum. Twenty-four hours after the onset there was a severe convulsion and the bowels moved. One-sixteenth grain of morphine was given and chloroform was administered. Sodium bicarbonate was given by rectum. Coma supervened for 12 hours, then cleared up, and there were no further convulsions. There was a suspicion of a volvulus which had straightened out of itself.

Dr. Muta also reported a case of ruptured gangrenous appendicitis with general peritonitis, operated on three days after the onset of a right-sided pain following an attack of gripe and a menstrual period. The rectal temperature was normal for two days, and only on the third day did fever and tenderness appear. Recovery was good but was complicated by a pyelitis.

Dr. W. B. Mount reported that the case of chorea gravidarum reported at the last meeting improved slightly and then grew worse, was easily induced and delivered, and then improvement was more marked. A general eczema developed, possibly due to the arsenic used. Dr. Muta said that she was not much better since coming home from the hospital. A discussion following regarding the merits of arsenic in the treatment of chorea; opinions varied. Dr. Riggins did not favor its use in any but the severest cases on account of its tendency to cause eczema or even keratosis.

Dr. Adams reported a case of hypertrophied prostate in a man of 60. He had a severe pain in the chest all night and in the morning there was found a large abdominal mass. Urination was frequent. By means of a filiform and a woven silk catheter the bladder was emptied of 6½ quarts. There was a moderate cystitis, a very large prostate and a very sensitive urethra. A suprapubic cystotomy with a retention tube was suggested, but the patient would not listen to operation. He was in bad condition and a Murphy drip was used. Catheterization twice a day was tolerated, and no oftener on account of the sensitive urethra. Two and one-half quarts were obtained each time. The prognosis was poor. Dr. Seidler suggested burning a channel through the middle lobe of the prostate with a small operating cystoscope and the high frequency current.

Dr. Adams reported a case of distended bladder which was aspirated after unsuccessful attempts at catheterization, and 4½ quarts were withdrawn. An abscess developed in the abdominal wall, and the patient became delirious and died in coma.

Dr. Seidler reported a case of hypertrophied prostate with a residual urine of 12 ounces. After the burning of a channel with high frequency current through the prostate the residual urine was only 2 ounces; the patient died soon after.

Morristown Medical Club.

E. Moore Fisher, M. D., Reporter.

The Morristown Medical Club met on the evening of January 31st as the guests of Dr. James Douglas, at his residence on Maple avenue, Morristown. Dr. Clifford Mills was the chairman of the evening.

Most of the members were present and among the guests were Drs. O'Reilly and Lawrence of Summit; Drs. Sabater, Landers, Pinckney and Alaban of Morristown, and Drs. DeGroot and MacMurtrie of Mendham.

Dr. Raymond D. Baker was the speaker of the evening, taking as his subject "The Present-day Conception of Intestinal Stasis." In opening the doctor said he felt the pendulum had swung the other way with regard to these cases; that the conception that most of them were surgical had been followed by one that a great many of them could be treated medicinally, the principal point to determine being whether the bowel was functioning properly. He gave a history of the recent literature and discussed the theories of the pathology of intestinal stasis; he felt that most cases around the ileocecal valve and appendix were due to conditions which originated in the rectum following the disregard of call to stool. The presence of fecal matter in more or less advanced stages of putrefaction in the lower bowel was frequently followed by mild infections around it, these in turn, setting up adhesions which were frequently followed by reversed peristalsis, carried the infection further up into the bowel. The presence of numerous congenital adhesions was admitted and these were thought to be due to abnormal turnings of the gut during embryonic life.

In discussing the treatment the doctor said the general condition of the patient should be first considered, this being followed by hygienic measures of living, and exercise to strengthen the muscles of the abdominal wall, after which various forms of diet might be used together with cathartics and the heavy mineral oils.

Among those discussing the paper were Drs. Lawrence, Horn, Fisher, Glazebrook, Douglas, Flagg, Haven and Vaughan. They all thought that too much had been expected from surgical treatment and that the use of medicinal measures before operation was urged as a more satisfactory line of treatment in most cases. The question was asked, if there were not a great many cases of adhesions where the initial lesion was found in the appendix and where septic material poured forth gave rise to other complications.

The doctor in closing stated that all causes of intestinal stasis were not as yet fully understood and that probably a great many were due to abnormalities of congenital origin. In reply to a question asked as to the etiology of epilepsy he stated that there was no doubt that epileptic seizures follow loaded bowel and that observations made throughout the south and west were more or less corroborating Reed's theory that many cases of epilepsy were due to a bacillus which thrived best where there was a condition of intestinal stasis.

A very pleasant social session was enjoyed by those present over the repast provided by Dr. Douglas.

Summit Medical Society.

William J. Lamson, M. D., Secretary.

The regular meeting of the Summit Medical Society was held at the Highland Club on Tuesday, February 27, 1917, at 8.30 P. M., Dr. F. Tweddell entertaining and Dr. F. Irwin Krauss in the chair.

Present—Drs. Baker, Keeney, Lamson, Moister, Prout, Tweddell, Campbell, Jaquith, Krauss, Pollard, Wolfe and Morris, and the following guests: Drs. O'Reilly of Summit and Sutphen, Mial, Douglass and Glazebrook of Morristown.

The following resolution was moved and carried:

Whereas, There is at present no attending dentist to Overlook Hospital, and

Whereas, It is the judgment of the Summit Medical Society that there should be such an attending dentist on the staff; therefore be it

Resolved, That the Summit Medical Society request the Medical Board of Overlook Hospital to make arrangements with the Dental Society of Summit to appoint one or more of their members to serve in such capacity, or to form a dental staff, so that there may be an attending dentist on call at any time.

The paper of the evening was read by Dr. Rolfe Kingsley of New York on "Retention of Urine, Its Causes and Treatment." He divided the causes under the following headings: New growths and cysts, strictures, foreign bodies, acute inflammations, diseases of the central nervous system, constrictions and lacerations of the penis, acute systemic diseases and post-operative conditions. The treatment of these various conditions was briefly outlined.

Suprapubic cystotomy was strongly advised in some cases of acute retention rather than prolonged attempts at difficult catheterization. In chronic prostatic cases the danger in catheterization lies rather in trauma to the urethra than in lack of asepsis. Many chronic cases are comfortable with only two catheterizations a day. Spontaneous rupture of the bladder from over distention of the bladder is rare. There is generally some added trauma which causes it. Dr. Kingsley gave records of several interesting cases illustrating different varieties of retention, with their treatment.

The paper was freely discussed.

The New York Diagnostic Society.

The New York Diagnostic Society having for its object the establishment of institutes for group diagnosis, was recently organized in New York, partly, at least, as the result of a suggestion made by Dr. Charles H. Mayo of Rochester, Minn. Speaking before the Catholic Hospital Society at Milwaukee a short time ago Dr. Mayo expressed the opinion that the one great present day need in hospital advancement was a hospital devoted entirely to diagnosis. The officers of the society are: President, Dr. M. Joseph Mandelbaum; vice-presidents, Dr. De Witt Stetten and Dr. Otto Hensel; treasurer, Dr. Julius Auerbach; secretary, Dr. Monroe Aunstler.

Great men are true men, men in whom nature has succeeded. Great men living for high ends is the divinest thing that can be seen on earth.—Hillard.

THE JOURNAL

OF THE

Medical Society of New Jersey

MARCH, 1917

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

DAVID C. ENGLISH, M. D., Editor,
New Brunswick, N. J.

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Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

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MEMBERS WHO HAVE NOT PAID THEIR DUES ARE NOW DELINQUENT. THEY WILL NOT RECEIVE THE JOURNAL OR MEDICAL DEFENSE UNTIL THEIR DUES ARE PAID.

Dr. George N. J. Sommer, Chairman of the Committee on Scientific Work, requests us to announce that the Committee can use a few papers from the members at the next annual meeting of the Society. Dr. Sommer's address is 120 West State Street, Trenton, N. J.

BIRTH CONTROL AND BRAIN STORMS.

"Birth Control" seems to be irritating the mind of a few medics and an occasional professor. Won't some one invent a "Brain Storm" control?—Illinois Medical Journal.

We are in perfect accord with our brother-editor in expressing desire for relief from the "brain storms" that are hindering progress in true scientific advancement and in the betterment in the world's social, physical and religious conditions. We are not at present prepared to fully discuss the birth control question, but wish to call attention to it in order to warn our medical brethren, especially the younger and impulsive men in the profession, to avoid the unscientific and harmful tendency to jump at conclusions on the exparte specious presentations of advocates who adopt brain storm methods. The medical profession has suffered more in public respect by adopting

hastily the new "discoveries" and theories of enthusiasts that have, on trial, proven to be worthless or unscientific, than from any other cause.

This question of birth control is too serious a matter to be trifled with; it needs careful, thoughtful consideration and deep study, for it involves nearby and remote issues that may seriously affect the most sacred interests of the home, motherhood, society, our country and of humanity. Stopping the increase in the number of defectives—and we include the alcoholic and the syphilitic—is a serious problem that sorely needs solution and a wise and *right* application of birth control that is limited to these defectives might properly be endorsed, but the instruction given openly and unblushingly to the public as to the methods of preventing conception, ought to be condemned as strongly tending to the rapid increase of vice and immorality. The recent arrest and imprisonment of a woman who gave such public information, and the case of a Chicago doctor who for so doing was sentenced to a fine of \$1,000 and six months' service in the workshop, shows it to be both immoral and illegal.

We cannot help expressing deep regret that some birth control enthusiasts have been so annoyed by the action of the New York County Medical Society, that they have spoken contemptuously of the supposed *religious* cause of the member's opposition to birth control. If they were actuated by religious motives they proved themselves worthy citizens of the "land of civil and *religious* liberty," and worthy members of a profession that owes its lofty standing to the fact that the religious character of the vast majority of its members has manifested itself in a spirit of altruism that has wonderfully served and blessed humanity. The sketches of the great men who made the record of our State Society so grand and honorable, as published in our Journal last summer in connection with our Sesqui-Centennial celebration, show them to have been men of such religious character. The bold prophecies of some birth control enthusiasts of the triumph of their extreme views, remind us of some of Voltaire's prophecies and of the later prophecy of a present-day brain storm prophet who was going to dine, with his army, in Paris two and a half years ago, and the prospect of his doing so is not very encouraging.

The editor offers no apology for the religious tone of the above editorial. While

we have in the past refrained from reference to our personal religious beliefs, we may be pardoned—as we prepare this editorial on the day that marks the completion of three-quarters of a century of life—for avowing our sincere conviction that if we have been able in any degree to serve acceptably our State Society, our profession and our fellow men it has been largely owing to our religious beliefs. Our belief is that the moral and religious aspects of this birth control question far transcends every other aspect of it.

THE FATE OF THE GENERAL PRACTITIONER.

Dr. Marvel's suggestion of the establishment of maternity hospitals in every county causes one to wonder what is to become of the general practitioner if he ceases to be the "Old Family Physician," and no longer is regarded with the love and veneration generally accorded to the doctor who has been present at the birth of all the children, and mayhap was at hand when the mother herself was born.

Thirty years ago every one was agreed that the general practitioner was fated to disappear, driven out by the flood of specialists and it was predicted that soon, as in Egyptian Medicine, every organ would have its special physician. The general practitioner still lingers and more things have happened to the specialist than to him. For instance, surgery is becoming more and more developed and more men are doing nothing but surgery, and as a result there is a tendency for the general surgeon to cover the whole field and many of the specialties are disappearing.

The proctologist and the gynecologist began to claim that they could not do full justice to their cases, without taking into consideration all of the surgical conditions below the diaphragm. They have become general surgeons.

The ophthalmologist and the aurist after annexing the throat now claim the surgery of the brain and are doing the work of the general surgeon. The dentist, carrying his work far beyond the alveolar process, is now doing bone surgery all over the face.

So in medicine we find that the "internist" and the diagnostician is covering the entire body and is no longer confining his work to one system. From the nature of things it must come about that the practitioner of curative medicine will be divided into two great divisions as of old, the internists

and the surgeons, and most of the minor sub-divisions will disappear. The general practitioner would not be particularly affected except that he would lose his major surgery.

There is, however, a danger imminently threatening the general practitioner's existence, and that is the "pay clinic," which is proposed to supply the people of moderate means with the costly diagnostic methods which now they must go without, the poor getting them for nothing and the rich being able to pay for them.

The people of moderate incomes are the source of the general practitioner's living. How is he to meet this next menace? By combination. He should associate with himself three or four assistants capable, not of duplicating his work, but of supplementing it. Three medical men or women and an office nurse would be an ideal combination for work in communities such as are common to our State. The work would be divided differently with different combinations but one person should be familiar with clinical methods of diagnosis; there should be a laboratory supplied with the necessary paraphernalia, and it should be possible to make a complete diagnosis in most cases. There will always be some cases requiring confirmation or more extensive examination, possible only in a hospital laboratory.

Such a combination might be as follows: A general surgeon available for counsel in all kinds of work, and caring for a moderate amount of general practice, particularly in the office. An assistant capable of taking the senior's place, doing most of the general and obstetrical practice. A clinical assistant, preferably a woman, to attend to the laboratory, give anesthetics, and do much of the technical office work; electrical, local treatments, etc., available also for emergent obstetric cases. The office nurse, who in addition to the usual office work should act as secretary and bookkeeper. In such an office a complete diagnosis would be just as possible as in a "pay clinic" and it could be done for as low a price as any "pay clinic" ought to charge, for the "pay clinic" is not a charity.

Such combinations will not be particularly useful in the great medical centres, but in a State like New Jersey, where most of the practitioners possess about the same medical skill, it will be much better for the general practitioner than to have a lot of "pay clinics" to do his work for him.

THOS. W. HARVEY.

COMPULSORY HEALTH INSURANCE.

The United States is practically the only large industrial nation which has not adopted compulsory health insurance. A number of States have enacted workmen's compensation laws, which may be regarded as the entering wedge; this will undoubtedly be followed by similar legislation which will provide compensation for medical care during disability from sickness, and include not only the breadwinner but also the dependent members of the family. While the medical profession has a very practical interest in the subject, because of the duties and responsibilities assigned to it in the carrying out of these laws, few physicians have recognized its importance. The mass of the members of our profession seem not to have awakened to the fact that the interests of the public, as well as their own, require them to become informed on the question and to take an intelligent, active part in framing legislation which is already being considered in a number of States. In *The Journal*, May 6, 1916, it was announced that a committee under the chairmanship of Dr. Alexander Lambert, chairman of the Judicial Council, had been appointed to compile information in regard to social insurance and the relation of physicians thereto. This committee submitted a report to the House of Delegates at the Detroit session. The American Association for Labor Legislation prepared a preliminary draft of a model bill on social insurance in which it has properly left blank the section providing for medical services, while asking the assistance of the medical profession to work out this phase of the problem. In *The Journal of the American Medical Association*, January 27, 1917, p. 257, is a paper on "Health Insurance and the Medical Profession" by Dr. Lambert, in which suggestions are made for defining the conditions for medical service under social insurance. Like the model bill of the American Association for Labor Legislation, Dr. Lambert's paper is not to be regarded as the final word on the question, but as suggesting a basis for discussing the conditions under which medical services may be rendered in the proposed scheme of health insurance. *The Journal* again emphasizes that the time for the medical profession to interest itself in social insurance legislation is now, while legislation is in a formative stage.—*Journal of the American Medical Association*, January 27, 1917.

MEDICAL PREPAREDNESS.

The Committee of American Physicians for medical preparedness has circularized, through the medium of Vice-President Dickinson, the various hospitals of the State of New Jersey, with the intent of collecting all possible data regarding the hospital facilities available for the national government in time of war.

These circulars are accompanied by blanks to be filled up covering all the various branches of hospital service, the condition of the plant, the personnel of the staff, and the direct question is asked, "how many beds will you allow the national government to make use of, and will you allow such beds to be under the immediate and sole control of medical officers and orderlies connected with the federal service."

These circulars should be, by this time, in the hands of some person connected with each hospital in the State, and it should be the duty of such persons to expedite the filing of the answers at as early a date as possible. The circulars are comprehensive and their proper completion will involve a good deal of clerical work, but the value of having such information available at short notice is so great that the work should be pushed.

The experience on the Mexican border this past summer leads one to the opinion that the only branch of the regular army service that did not show a very serious lack of preparedness was the medical department. Medical men can well be proud of the fact that the distressing conditions of the Spanish War were not repeated in the near-war of 1916.

We urge, therefore, that the work of the Army Medical Department be facilitated by the prompt filing of the answers to these circulars.

T. W. HARVEY.

The man succeeding, the man that is climbing higher, the man who enjoys a remunerative practice is always found to be the man who is active in his local State and National organization. He attends their meetings, finds time to read several medical journals of known worth and also takes time out to attend clinics. To emulate that example is a long step forward on the road to success.

Sure you are busy. We are glad you are. You won't be busy in a few years though if you do not make it your distinct object to attend your County Meetings. You will very soon fall into a rut and behind the

times if you fail to attend your society meetings. The reading of your medical journals is not all sufficient. Active organization work on your part is of paramount importance and should not be neglected.

What Michigan's profession needs concerns no one as much as it does ourselves. We do not assume that we are able to enumerate these needs. We do feel that you by your studies to become a better doctor, by your interest in medical and social problems, by your interest exhibited in society work, by your effort to enlighten the public on all things relating to hygiene, health and better living—with the attitude of mind and spirit manifested continuously and daily we need have but little concern as to the final analysis and result.—*Michigan State Med Journal.*

Miscellaneous Items.

Medical Fossils.—Occasionally I meet with men who are still living professionally in their undergraduate days, reading the same old books, and writing the same old prescriptions, both blind and deaf to the changed environment. Fortunately the more intelligent of the public easily recognize these fossils and appraise them at their true worth. They are interesting as relics of the past, but worthless in the present.—V. C. Vaughan, M. D., *Science*, December 8, 1916.

(There are, we fear, a few such men in New Jersey, who take no so-called "independent" journals and, when they don't take time to think a moment before making the confession, will tell you that they do not read their own State Journal.—Editor.)

Chamber of Commerce Opposes Compulsory Health Insurance.—The New York State Chamber of Commerce has put itself on record as opposed to the Mills bill for compulsory health insurance which was introduced into the Senate, January 15. The committee held that the expenses of sickness, allowance for medical attendance, etc., should be borne by the employer and employee, in equitable proportions and the State should pay only the expense of supervision. The chamber, however, favored the creation of a commission by the legislature which should ascertain whether employees are receiving a living wage and investigate the conditions under which they live.

Birth Control Fight.

A bill designed to legalize the dissemination of knowledge regarding birth control was introduced into the New York State Legislature on January 24 by one of the two Socialist members of that body. In Cleveland, Ohio, on January 17, Dr. Benjamin L. Reitman of Chicago was found guilty of distributing birth control literature, and was sentenced to pay a fine of \$1,000 and to serve six months in the workhouse; the case has been appealed. In

New York, also, one of the disseminators of information regarding birth control, Mrs. Ethel Byrne, was found guilty and sentenced to thirty days in the workhouse. She began a hunger strike, but was promptly fed through the stomach tube and so failed to receive the crown of martyrdom.

New York Medical Society Opposes Birth Control.

The New York Medical Society on December 26 voted 72 for and 210 against indorsing birth control. Only two of the nine physician committeemen who have been investigating the question for six months reported in favor of a State law permitting doctors to give advice on birth contract methods.

State Prison Tuberculosis Mortality.

Drs. Martin W. Reddan and J. W. Crane have applied to Governor Edge for an investigation of the report on the rate and circumstances of mortality in the State Prison. They refer to the figures in the State Department of Health report as "false statistics"; they deny that thirty per cent. of deaths from tuberculosis in the prison occur within a month after the first record of the disease, and they state that the death rate at the prison is less than one per cent., which they claim is low when the previous condition of prisoners is considered; that the Minnesota State Prison death rate is 13.7.

Medical Ethics.—The public has long ridiculed the restrictions which the medical profession has attempted, with more or less success, to impose upon its own members, but that the public is now reaching a point where it appreciates the righteousness of medical ethics is shown by recent legislation forbidding false and exaggerated advertisements.—V. C. Vaughan, *Science*, Dec. 8, 1916.

Academy of Medicine of Northern New Jersey.

The stated meeting of the Academy will be held on Wednesday evening, March 21, at 8.45 o'clock. After transaction of business—report of Nominating Committee and election of members.

The Anniversary Discourse—Title: Surgery of the Kidneys, with demonstration by Moving Pictures by J. Bentley Squier, M. D., professor of urology, Post Graduate Hospital and College, New York City.

Section on Pediatrics, March 7, at 8.45 P. M. After regular business, there will be: Report of Cases, Clinical Meeting.

Section on Medicine, March 13, at 8.45 P. M.: Symposium on Thyrotoxicosis. (1) Pathology with Lantern Slides, by John W. Gray, M. D. (2) Symptomatology, by Jesse D. Lipincott, M. D. (3) Treatment, by Henry B. Epstein, M. D. Discussion by Drs. C. E. Teeter and V. Parsonette.

Section on Eye, Ear, Nose and Throat, Monday, March 26, at 8.45 P. M. Regular business. Report of Cases. Paper on Brain Abscess, by Wells P. Eagleton, M. D.

Section on Obstetrics and Gynecology, Tuesday, March 27, at 8.45 P. M., under the auspices of the Section on Surgery; Regular business. Report of Cases. Paper by Frank M. Donohue, M. D., of New Brunswick, on Gall Bladder Infections.

Editorials from Medical Journals

High Cost of Living.

From the Indiana State Society Journal.

The high cost of living is hitting the average doctor harder than it is hitting anyone else, for there isn't a solitary thing used by the doctor in his professional work, or in the general upkeep of his home, that has not greatly increased in cost during the last two years. Probably this increase will average 50 per cent. and $33\frac{1}{3}$ per cent. increase would be a perfectly safe estimate; but in spite of all this increase of all expenses, the doctor continues to charge the same old prices he charged five, or even twenty years ago. He also continues to be just as careless in presenting bills and making collections. No wonder he complains about the hard times, and no wonder he gets a reputation among his neighbors and friends as being "bad pay." He cannot expect to keep up his own credit if not paid adequately for his work and if he doesn't use business methods in the collection of his accounts and the payment of his own bills.

The Closed Hospital.

From the January Interstate Medical Journal.

The medical profession has always enjoyed the unenviable distinction of presenting a divided front, thereby demonstrating the disintegrating force of individualism. Doctors are truly a trying lot when it comes to fusing their activities, and about the best that can be said in defense of their seeming lack of community of interest is that they are usually found most wanting in supporting those movements which are concerned with their own uplift. Of late, however, there has been a change of tendency. The rather active process of socialization of medicine which characterized so much of the legislation of England and Germany before the war, and which threatened to become a predominant note in American legislatures, is tending to bring the doctors into focus. They have begun to look after their own so-called interests in a fashion not totally different from the manner in which groups of other workers have always guarded their privileges. Such a tendency is, of course, salutary.

To Catch the Doctor.

From the December Medical World.

Dr. J. N. Hurty of Indiana, declares that it is not within the power of any board to say what strength of a drug preparation a doctor must give his patient. The N. A. R. D. Journal says: "Dr. Hurty is correct. Those who would bring the dispensing doctor's drugs within the purview of pure drug laws all too often lose sight of that fact. There can be no objection to a doctor's prescribing a 50 per cent. dilution of tincture of belladonna, for example, and there can be no objection to his dispensing a similar diluted preparation."

We advanced this proposition several years ago. But the druggists want the doctor trapped. They advocate a trick to catch him. Inasmuch as the druggist is required by law to dispense the remedies exactly as ordered on a prescription, they want the doctor to be compelled to write a prescription addressed to

himself and then dispense the remedies as per his prescription. This neat little trick, however, will not be acceptable to physicians. In dispensing a remedy by a physician no prescription is necessary. The doctor delivers to his patient the remedy he wants him to have.

Bleeding the Doctor: A New Sport.

From The Medical Times, New York.

It appears to be a settled policy on the part of the companies carrying compensation insurance to shake down physicians' bills. This venesection of the profession seems to be systematized. If your bill is thirty-five dollars you are asked to reduce it to twenty-five. You have dressed the wounds too often; in such a case as the one in question the company is informed by its medical advisers that a fewer number of dressings would have been sufficient; if you are not satisfied it is proposed that the case be adjudicated by the Commission. Most physicians, it would seem, compromise the cases.

A moment's thought will convince anyone that as a business proposition such a policy must save a great deal of money to the companies. The aggregate loss to the profession must be correspondingly great.

We are not aware what fate is met by disputed accounts that are submitted to the Commission. It would be highly interesting to know, and perhaps significant.

The medical profession seems quite helpless in matters like these. The impudence of the companies is met meekly and their compromises accepted, when in practically every case their proposals are unfair and the motive clear as daylight.

The companies have found, of course, that it is perfectly safe to deal with the profession in this manner.

Picture to yourself how, under health insurance, the number of your visits and office treatments will be disputed as excessive.

Picture also to yourself the personnel of a health insurance commission. Can you not see the insurance men on it settling your disputed claims?

Trust Family Doctor, Not Scientist, He Says.

Dr. Beverly Robinson Declares New York Will Be Better Off Than in Epidemics.

From the Medical Economist.

New York will be better off in the next epidemic if the authorities rely more on family doctors of experience, and less on scientists, experts and specialists, according to Dr. Beverly Robinson, clinical lecturer at Bellevue and consulting physician at St. Luke's and the City Hospitals.

"To the pure scientist, the laboratory worker," he says in yesterday's New York Medical Journal, "it seems as though his word was law, to be listened to and obeyed first of all; yet we know his knowledge is almost wholly experimental and only some of it will endure, and maybe the larger portion will later be shown to be faulty and misleading."

Dr. Robinson speaks of severe and impractical rules laid down by health authorities acting on scientific advice. Then he praises the general practitioner and says: "Therefore, in every health board, in every hospital, among

the specialists of different sorts, the presiding and controlling man should be the all around physician.

"Had this been the case we should not have seen, as we have, the exaggerated terror prevalent in the late epidemic; we should not have had regulations of quarantine and care insisted upon which were illusory; we should not have had daily heralded in every newspaper the experimental doings from the latest researches of the laboratories, which may not prove ultimately of great practical value."

Of the blood serum treatment he says: "We must not run wild about new findings."

Therapeutic Notes.

Burns and Wounds Dressing.

Dr. Stewart, in Medical Council, gives this formula for use in burns and wounds:

Calomel, 1 gr.; iodine crystals, 5 gr.; sodium chloride, 1 drachm; lime water, 4 oz. Shake the mixture thoroughly, then add sufficient linseed oil to make 8 oz.

Dyspepsia.

Prof. H. A. Hare, in Practical Therapeutics, recommended the following for the relief of belching accompanying atonic or subacute gastric catarrh:

Oleoresin capsici, gtt.x-xx (0.60-1.3)

Pancreatin, gr. xx (1.3)

Pulver. zingiber, gr. xl (2.6)

Pulver. carbon. lign., gr. xl (2.6)

Pone in capsulas No. xx.

Sig.. One or two with meals.

Eczema.

Dr. Weiller, in Journal des Practiciens recommends that the diseased area should be treated with a combination of hot air baths and ichthyol ointment. The part is first cleaned aseptically with sterile water and swab; then hot air at a temperature of from 80° to 100° directed over the area, drying it quickly and having some microbicidal effect. The following ointment is then applied:

Ichthyolis, 6 gm.

Zinci oxidi, 40 gm.

Paraffini mollis, 100 gm.

The bath is continued for a few minutes after the application, and the affected area covered with a dry, sterile dressing.

Incontinence of Urine in Elderly Men.

Dr. Walsh, in American Medicine, prescribes the following mixture:

Strychniae sulphatis, gr. j.

Tinct. belladonnae, f5x.

Hexamethylenaminae, 3iv.

Elix. gentianae, f3j.

Syr. hypophos. comp. q. s. ad, f3viiij.

M. Sig.: One dram in a glass of water three times daily.

Nasal Eczema—Ointment.

The Bulletin general de Therapeutique says that good results have been obtained by use of the following ointment:

Thiocol, 4 grams.

Glycerit. amyli, 5 grams.

Lanolin,

Vaseline, aa 10 grams.

Essent. rosae, 11 drops.

Sig.: To be applied to the nostrils night and morning.

Rheumatism—Acute Articular.

Dr. Nelson in the Medical Adviser advocates absolute rest in bed with patient dressed in flannel nightclothes and between blankets. The affected joints should be kept at rest by bandaging, first applying the given formula:

Ichthyol,

Methyl calicylate,

Oil turpentine, aa 3iv.

Lanolin, q. s. 3iv.

M. et Sig. Cover affected parts with cotton and oiled silk. Liquid diet, preferably milk, must be given together with fruit juices, and plenty of water. Elimination through the bowels, skin and kidneys must be carefully attended to. Calomel and soda bicarbonate, followed in four hours by Rochelle salts or a Seidlitz powder, are usually indicated at the beginning of the treatment. Rhubarb and soda may be given to advantage until the tongue is clean. A discontinuance of animal foods and alcohol is necessary all through convalescence.

Hospitals; Sanatorium.

The Board of Freeholders of Morris County last month deferred action on the expenditure of \$18,000 to enlarge the County Tuberculosis Hospital. Its capacity is far too small for the numbers needing its care.

Dover General Hospital.

Under the will of Julius Hairhouse of Dover the Dover Hospital will receive \$1,500 after the death of Mrs. Hairhouse.

Elizabeth General Hospital Campaign.

Substantial contributions for the Elizabeth General Hospital's new building fund are promised by J. Mortimer Townley and Archibald Bull. They offer \$125,000 each, but the offer is contingent on the raising of an amount equaling the joint donation, through a public campaign. The present hospital is inadequate.

Monmouth Memorial Hospital.

This hospital is experiencing a rush of patients, the registration being above the ninety mark. Eighteen are children, nine of these being babies less than two weeks old. The nurses are compelled to do double duty. The ninety mark would be considered high in August, when the season is at its height.

Bonnie Burn Sanatorium.

Dr. John E. Runnells, superintendent, reports for January as follows: Jan. 1st there were in the sanatorium 87 patients—56 men, 31 women; admitted during month, 21—15 men, 6 women, 4 incipient, 5 moderately advanced, 11 far advanced, 1 of tubercular meningitis. The largest number present during month was 90, the smallest 8, daily average 87.6.

Shall the Hospital Staff be Paid?

Dr. Schulman in the New York Med. Jour., Jan. 20, 1917, discusses this important ques-

tion in a rational manner and after considering it in all its practical phases concludes as follows:

"1. It is impossible nowadays for a doctor to be master of the entire field of medicine.

2. Present day diagnosis and treatment are much advanced over those of one and two generations ago.

3. The adequate study of a case by modern methods frequently requires the co-operation of many specialists.

4. At present, for economic reasons, a large proportion of the population cannot avail itself of the best aid that the medical profession is capable of rendering.

5. The situation can be remedied by the establishment of co-operative medical offices, or by the establishment of pay services in hospitals and dispensaries.

6. Hospitals and dispensaries are probably better fitted to render the service, and can do so on a more economical basis.

7. The establishment of such services would not reduce the income of the medical profession.

8. It is to the interest of the general public to stimulate the establishment of such services."

Deaths.

CORNELL.—At Somerville, N. J., January 20, 1917, Dr. Jacob Bell Cornell, from cerebral hemorrhage, aged 65 years. Dr. Cornell graduated from the College of Physicians and Surgeons, New York City, in 1878.

CORWIN.—At Bayonne, N. J., January 16, 1917, Dr. Frederick M. Corwin, suddenly, aged 61 years.

Dr. Corwin was born in Greenpoint, L. I., in 1856; he received a good education; studied medicine and graduated from the New York University Medical College in 1881, and soon after began practice in Bayonne; there he built up an extensive and lucrative practice and was frequently called in consultation. He was a member of the Hudson County Medical Society, the Medical Society of New Jersey, and the American Medical Association. He was also medical director of the Bayonne Hospital; physician to the public schools; surgeon to the Central Railroad and examining physician of several Life Insurance Companies.

We take the following editorial from The Evening Times, of Bayonne, which expresses the sentiments of the entire community:

The Death of Dr. Corwin.

Dr. Fred M. Corwin has passed away. The end came suddenly yesterday, and almost without warning, removing from Bayonne one of its foremost citizens, and a practitioner of rare ability. The sympathy of the entire community is extended to the widow and the family in their bereavement. To know Dr. Corwin was to love him. His kind, sympathetic nature, which he carried into the sick room made him an ideal physician. As school physician he did his duty conscientiously and well, and here again displayed his rare ability. To the poor Dr. Corwin always was an angel of mercy. There was no section of the city into which he

would not go to relieve suffering, day or night, and if poverty was evident would cancel the bill. The good Dr. Corwin has done will be remembered for years, and of him it can be said, "He was a man whom the people delight to honor." His work in the Bayonne Hospital alone will be a monument of charity that will outlive the memory of all living men.

HOLLISTER.—At Newark, N. J., February 15, 1917, Dr. Louis Eugene Hollister, aged 69 years.

Dr. Hollister graduated from the University of Michigan Medical Department in 1873. He was a member of the Essex County Medical Society, The Medical Society of New Jersey and of the American Medical Association.

The Board of Trustees of the Society for the Relief of the Widows and Orphans of Medical Men of New Jersey, of which he was a member, recently adopted the following minutes:

The Board of Trustees of the Society for the Relief of the Widows and Orphans of Medical Men of New Jersey, are called on to record the loss of their late friend and associate, Dr. Louis E. Hollister, whose death occurred on Thursday, February 15th, 1917.

It is always difficult to express what the heart feels and what it would fain utter when death comes to those with whom we have been connected by the ties of occupation or friendship, and the death of Dr. Hollister, who, but a few days ago, sat in his wonted place at this board, seems to hush our voices and to leave us no resources but that of silent acceptance of the degree of that infinite Power Who Guides our destinies and shapes our ends. And yet such a death and such a life as that of Dr. Hollister cannot be passed over in silence, and the trustees of this society, though conscious of the poverty of words to fittingly embody a tribute to their friend and associate who has gone, still desire to place on record their appreciation of his character and virtues, and to honor and perpetuate his memory so far as it lies in their power to do so.

Dr. Hollister was a type of a class of men of whom this country may justly be proud. He was, in the best sense of the word, an American. He was not born to fame and fortune, but quietly did his duty. Best of all, his life work was never clouded by the faintest breath of suspicion as to the employment of unfair means, or of conduct which was not absolutely open and honorable. Such a career shines forth conspicuously, shedding light of example to those who are engaged in life's struggle; an example above all, to the young of our land, to teach them that success is consistent with strict adherence to the principles of truth, fairness, and honor, and that, without an observance of these principles, no success is worth having.

In his personal qualities he was most attractive. His sincerity, geniality and sense of humor made many friends. Dr. Hollister's life was true, and death, it cannot be doubted, sudden as it was, came to him, as it must come to all upright men, not as a foe, but as a friend.

Resolved, That these resolutions be spread upon the minutes of the society and a copy be sent to the family of the deceased.

Edward J. Ill, President.

Charles D. Bennett, Secretary.

SHEPHERD.—At Trenton, N. J., February 13, 1917, Dr. Irenaeus M. Shepherd, aged 49 years. Dr. Shepherd graduated from the University of Pennsylvania in 1892. He was a member of the Mercer County and State Societies and a Fellow of the American Medical Association; also a member of the Mercer and St. Francis' hospital staffs.

TOWLE.—At Newark, N. J., January 29, 1917, Dr. Henry Aloysius Towle, from heart disease, aged 57 years. Dr. Towle graduated from the College of Physicians and Surgeons, New York City, in 1888, and soon after settled in Newark. He was a member of the Essex County Medical Society, the Medical Society of New Jersey and the American Medical Association. He was laryngologist to the German Hospital and the city dispensary and a member of the staffs of St. James' and Michael's hospitals.

MILLER.—At Netcong, N. J., February 24, 1917, Mrs. Miller, wife of Dr. John Miller of Netcong, aged 48 years.

VAN SYCKEL.—At Clinton, N. J., February 20, 1917, Mrs. Mary Carhart Van Syckel, widow of Dr. Sylvester Van Syckel, aged 88 years.

We regret to hear, as the Journal goes to press, of the death of Dr. Eliot Gorton of Summit. Fuller notice will appear next month.—Editor.

Personal Notes.

Dr. Samuel E. Armstrong, Rutherford, had his automobile badly damaged in a collision with another auto last month.

Dr. J. Finley Bell, Englewood, had a communication in the A. M. A. Journal February 10, on "Lack of Efficient Training in Urology."

Dr. William F. Costello, Dover, addressed the Dover General Hospital Auxiliary members recently on "Health Conservation and Disease Prevention."

Dr. Charles V. Craster, Newark, spoke at the dinner of the Trade Union Anti-Tuberculosis Association of Essex County February 5, when he emphasized the need of much larger provision of beds for the tuberculous and of a child's sanatorium.

Dr. Thomas S. Dedrick, Washington, lectured in the Methodist Church, Morristown, February 2, on "Eskimos of the North," giving some experiences and observations during his trip with Lieutenant Peary in one of the latter's dashes toward the North Pole.

Dr. Charles L. DeMerritt, Hoboken, has a communication in the A. M. A. Journal, February 10, on "Lack of Efficient Training in Urology."

Dr. Wells P. Eagleton, Newark, has an able illustrated paper in the A. M. A. Journal, February 3, on "Importance of Aural Symptoms in the Early Diagnosis of the Cerebellopontine Angle."

Dr. Frederick W. Flagge, Rockaway, was recently elected a director of the First National Bank of Rockaway.

Dr. Roland I. Haines, Camden, and daughter

spent the month of February at Tampa Bay, Florida.

Dr. Frederick J. Hughes, Plainfield, who was operated on for appendicitis at Muhlenberg Hospital, has returned home recovered.

Dr. Cyrus Knecht, Matawan, has been appointed physician for the third consecutive year.

Dr. Frank P. Lefferts, Belvidere has been elected secretary of the Warren Wood Working Company.

Dr. Augustus J. Mitchell, Newark, and wife spent three weeks at Palm Beach, Florida, recently.

Dr. Alexander MacAlister, Camden, attended the A. M. A. Congress on Medical Education, Public Health and Medical Licensure at Chicago last month.

Dr. Clarence R. O'Crowley, Newark, while performing an operation at Sussex, N. J., recently was stricken with appendicitis; finishing the operation he returned home and later was taken to the Private Hospital Newark and operated on. He has fully recovered.

Drs. George L. Orton and Fred W. Sell, Rahway, were recently elected directors of the city Y. M. C. A.

Dr. J. Mitchell Reese, Phillipsburg, last month was elected a director of the Phillipsburg Trust Company.

Dr. George A. Van Wagenen, Newark, and wife spent last month in Florida.

Dr. Horace M. Fooder, Williamstown, has been suggested as a candidate for State Senator, Gloucester County, next fall.

Dr. George E. Galloway, Rahway, and wife have been spending a few weeks at Miami, Florida.

Dr. Josiah Meigh, Bernardsville, underwent an operation on his foot at Overlook Hospital, Summit, last month.

Dr. Frank Y. Neer, Paterson, captain of the Fifth Infantry, has been promoted to major and Dr. Craig, of Rutherford, to captain.

Dr. Fred W. Owen, Morristown, and daughter recently returned from several weeks' stay at Fortress Monroe.

Dr. Thomas P. Prout, Summit, and wife, are receiving congratulations on the birth of a son last month.

Dr. Guy Payne, Cedar Grove, had his five passenger touring car stolen in front of the Montclair Academy last month.

Dr. Charles H. Schlichter, Elizabeth, has been elected president of the Library Board of that city, succeeding the late Chancellor Magie.

Dr. Ralph D. Denig, Hackensack, was elected coroner of Bergen County last November.

Dr. Albert Pittis, Plainfield, who has been in the Muhlenberg Hospital for some weeks suffering from septicemia, is reported as much better and has gone South for a rest.

Dr. Charles A. Rosenwasser, Newark, recently received a verdict in the Supreme Circuit Court of \$29,931 in his suit for commissions due him for securing contracts for army supplies from the Italian Government.

The Publication Committee extend to its Editor felicitations on his seventy-fifth birthday anniversary. May we all be as young at that age.

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MEDICAL EXAMINING BOARDS' REPORTS.

	Exam.	Passed.	Failed
Alabama, January.....	22	12	10
Arizona, July.....	11	8	3
California, October...	51	37	14
Connecticut, Nov.....	23	16	7
Missouri, September.	22	18	4
New York, June....	366	302	64
New York, Sept....	146	89	57
Oklahoma, July.....	32	29	3
Utah, July.....	5	5	0
Wisconsin, June....	65	64	1

New Jersey and Chiropractic Colleges.

The Department of Public Instruction of New Jersey states that the New York School of Chiropractic, located in New York, and supposedly operating under a New Jersey charter, has not been chartered or registered in New Jersey, and that the New Jersey College of Chiropractic, located at Newark, N. J., although chartered in the State, was, on May 1, 1915, refused permission by the State board of education to grant degrees.

New York and Chicago as Medical Centers.

President Nicholas M. Butler of Columbia University has asked for an endowment of \$12,000,000 to create a great medical center at that institution. A medical department of the University of Chicago is also to be established with an endowment of \$11,500,000.

Public Health Items.

The registration of sickness is even more important than the registration of deaths?

Intelligent motherhood conserves the nation's best crop?

Neglected adenoids and defective teeth in childhood menace adult health?

Heavy eating, like heavy drinking, shortens life.

A low infant mortality rate indicates high community intelligence.

A Sad Commentary.—It is a strange commentary on man that his greatest gifts for good are so grossly neglected. The church's flagging interests must be kept alive by quasisecular amusements, angel cake and church suppers—while the tuberculosis campaign subsists on the Red Cross stamp and the small change which seductive, begging letters may withdraw from a reinforced pocket.—Bull., Newark Dept of Health.

Moving Picture Health Car.—In North Carolina the State board of health has an automobile fully equipped with a light and moving picture outfit, with which moving picture health shows are given throughout the State in cities and towns, at county fairs and other gatherings, in churches, halls, tents or out of doors. Any series of twelve towns may have the benefit of the outfit which is provided with a mechanician and a lecturer, for a period of three weeks, the show being given in each

town one afternoon or evening of each week, and the program being changed each week. The towns are required to provide at least \$90 for the expenses of the first week, and the remainder is furnished by the State board. The subjects are not all health topics, but comic or other pictures are interspersed. The entertainments are popular and their educational value is said to be high.

The Unvaccinated.—People have smallpox because they prefer it to vaccination. . . . The whole population npays for the privilege of having smallpox monopolized by the unvaccinated.—Bulletin, Minnesota State Board of Health.

Typhoid Immunization.—The October number of the Bulletin of the New York State Department of Health is the "Typhoid Number." It is said that in view of the excellent results obtained from prophylactic immunization, it would be wise to immunize all the remaining members of a family in which a case of typhoid fever has occurred. A study of typhoid fever in certain sections of the State reveals that about one-third of the patients received the infection by contact with an acute case, either in the same family or in the home of a neighbor. In view of this it would seem wise, except in well regulated hospitals or homes where there is an adequate water carriage system for the removal of excreta, to isolate the patient as rigidly as for a case of scarlet fever.

Comparison of Rural and Urban Mortality.—In an analysis of the figures shown in the new United States life tables based on the United States Census of 1910 and the mortality statistics for 1909, 1910 and 1911 in the original registration States, J. W. Glover (Public Health Reports, Jan. 5, 1917), says that the excess of city over rural mortality should receive the attention of health authorities to determine its cause and to what extent it may be reduced. Out of 100,000 births of males in the country, 58,117 survive to the age of 60, while among the same number of city birth only 43,454 survive to that age. Glover says these figures are so astounding that they deserve the utmost prominence. Recent life tables, it is said, show similar differences in England and Germany. The tables also show that the mortality rates among women are lower throughout the entire range of life than for men and that the expectation of life is much greater. A striking exception is in the case of women in rural communities. Between the ages of 20 and 40, the mortality rates for rural women is almost as great as that for men, except from 25 to 31, in which period it is actually greater. The same is true for negro women from the ages of 10 to 20.

Alcohol Chief Cause of Crime.—Liquor was responsible during 1916 for the greatest crime wave in the history of Harrisburg, Pa., according to the report of Superintendent of Detectives William L. Windsor. The arrests totalled 3,857, nearly 1,000 more than in 1915. Nearly every one of the men and women arrested was either drunk or to some degree under the influence of alcohol.

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TONSILS*

BY CORNELIUS G. COAKLEY, M. D.,
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It is not so many years ago that the problem of the tonsil was apparently a very simple one. If the tonsil were large enough for its internal surface to project beyond the pillars of the fauces, it was deemed proper to operate on it. The method employed was the removal of more or less of the organ by means of some form of tonsilotomy; the result of the operation was that the tonsil was seldom completely removed. The portion retained in the pharynx frequently underwent hypertrophy, and a subsequent operation was necessary. In many of these patients tonsillitis recurred, peritonsillar abscesses recurred, and some of the systemic infections which we now know are consecutive to tonsillar infections were not prevented. In order to better understand the *pharynx* as a source of these focal infections, I would like to recall the distribution of the lymphoid tissue in this region.

First and most important are the faucial tonsils, situated one on either side of the oro-pharynx, bound in front by the anterior pillars of fauces, and behind by the posterior pillars of the fauces. Externally they are bounded by a well-defined capsule, separating them from the fat and connective tissue internal to the large blood vessels of the neck. The inner surfaces of the tonsils are covered with a stratified epithelium and usually freely exposed to the passage of air, food, and mouth secretions. Passing outwards from these free surfaces are a number of openings of the la-

cunæ which branch as they enter the tonsils; the branches extend nearly to the capsule. These lacunæ or crypts contain broken down epithelial cells, lymphoid cells from the tonsillar tissue, bacteria, and not infrequently particles of food. There is a constant exfoliation of the epithelial lining of the lacunæ, which is squeezed out from the lacunæ with each act of deglutition. The tonsil may be likened to a sponge squeezed between the anterior and posterior pillars of the fauces, with each act of swallowing, thus forcing the contents of the lacunæ either toward the pharynx or towards the capsule, and the lymph stream of cervical lymphatics according to which offers the least resistance.

If as a result of disease or injudicious handling of the tonsils, either from imperfect attempts at removal or from the use of cautery or astringents, the surface becomes contracted and the mouths of the lacunæ obstructed, there is a retention within the tonsil of the detritus from the lacunæ and we have formed the cheesy, fetid, bacteria laden masses that may be periodically extruded. These masses may be present in only one or two lacunæ, or in a number of the lacunæ. In cases where the masses become large in size, the surrounding tonsillar tissue is nearly always more or less inflamed. The fact that in these cases the lymph nodes at the angle of the jaw are nearly always enlarged is good evidence of the absorption of septic material from this low grade, chronically inflamed tonsil. These masses are frequently not found in the large tonsils such as a few years ago were considered worthy of being operated upon, but are more frequently found in that type of tonsil which we have come to call the "buried tonsil." The buried tonsil on casual inspection of the pharynx does not seem to be large, the anterior and posterior pillars nearly meet and overlap the

*Read at the stated meeting of the Academy of Medicine of Northern New Jersey, February 21, 1917.

tonsil, so that unless some special procedure is undertaken the size and character of the tonsil will entirely escape the examiner's notice.

There is one point that is nearly always worthy of notice, however, in the diseased type of "buried tonsil," namely that the margin of either the anterior or posterior pillar, or both, is considerably more congested than the rest of the faucial or pharyngeal mucous membrane. When this local congestion is observed, it behooves the examiner to make a very careful investigation of the tonsils. We have found the best method of inspecting the buried tonsil, that of pressing directly backwards against the outer portion of the anterior pillar of the fauces, about midway between the free border of the anterior pillar and the ramus of the jaw. The backward pressure almost invariably enables one to determine the size of the tonsil which is usually very much larger than a casual examination would lead one to believe, and at the same time turns the tonsil around on its axis, so that the surface which previously looked inwards is now directed forwards towards the examining physician. Pressure at this point also forces out whatever material may be in the tonsil, so that by this procedure we judge, not only of the size, but of the amount and character of the secretion retained in the buried tonsils. I speak of this method at length because I believe it to be the least disagreeable method for the patient, and usually the best method of ascertaining the presence or absence of septic material within the tonsil. When the tonsil is thus examined two sorts of material may be extruded from the tonsil: First, whitish or yellowish semi-solid particles which may be small or large in size; secondly, thin, liquid material. The presence of a small amount of semi-solid material unaccompanied by any evidence of inflammation of the pillars of the fauces, and unaccompanied by any palpable lymph nodes in the neck, does not in my estimation indicate disease of the tonsils. On the other hand the presence of large masses of cheesy secretion, reaccumulating every few days, accompanied by evidences of inflammation of the pillars of the fauces and accompanied by palpable and tender cervical lymph nodes are indications for the enucleation of the tonsils. The presence on two or three days in succession of a thin, milky secretion, amounting to a drop or more in the lacunæ has always been accompanied by local evidence of mild tonsillar inflamma-

tion, and associated with palpable cervical lymph nodes, and is a condition in which the enucleation of the tonsils is strongly advised.

In making these careful examinations of the tonsillar region, one notes frequently the presence of small lymph nodes located sometimes along the edge of the anterior or posterior pillar of the fauces, sometimes on the anterior surface of the anterior pillar, some distance external to the inner border; sometimes in the lower portion of the soft palate above the supra-tonsillar fossa, and very frequently on the lateral wall of the pharynx below the tonsil, and sometimes extending well down into the pyriform fossa. I have frequently found it very difficult to determine the lower border of the tonsil along the side wall of the pharynx. It sometimes happens a month or so after a complete enucleation of the tonsils that one sees a mulberry like mass of lymphoid tissue in the bottom of the tonsillar fossa, which may be mistaken for tonsillar tissue. If examined microscopically it will be seen to resemble in structure the lingual tonsil rather than the faucial tonsil, namely lymph nodes bound together by loose connective tissue, without the presence of lacunæ dipping down into its surface. When inflamed or infected these little masses are very much swollen, and I have seen in the center of each one of them a little white mass, which on microscopic examination will be found to be a small necrotic area in the center of the lymphoid tissue, or, in other words, an abscess. The only adequate method of handling such a conglomeration of lymph nodes when it occurs is to remove it under local anesthesia with a punch forcep. In a small number of patients, especially children, there is a tendency to hypertrophy of these lymph nodes after an enucleation of the tonsils.

Next in importance to the faucial tonsils is the mass of lymphoid tissue at the vault of the naso-pharynx, commonly called adenoids. The disposition and amount of this lymphoid tissue varies greatly in children and in adults. It has no capsule and is probably never entirely extirpated in any operation. In children it extends underneath the mucous membrane of the naso-pharynx at the vault and laterally into Rosenmuller's fossae behind the Eustachian tubes, sometimes even into the posterior portion of the tubal eminences, and for a variable distance down the posterior pharyngeal wall. In structure it differs

from tonsils in that it has no lacunæ. The mass of lymphoid tissue, however, enlarges to such an extent as frequently to be in pleats or folds at the vault and on the posterior wall, leaving deep fissures in which desquamated epithelium and bacteria are found, and from which considerable absorption of infected material takes place. The lymphatics draining this area empty into practically the same lymph nodes in the neck at the angle of the jaw, as do those from the tonsils. It is often difficult to estimate in a child with enlarged cervical lymph nodes whether the disease of the lymphoid tissue in the naso-pharynx or that of the tonsils is the more likely to produce the enlarged lymph nodes of the neck. We are of the opinion, however, that enlarged cervical lymph nodes much more frequently result from disease in the tonsils than from hypertrophy of the naso-pharyngeal lymphoid tissue (adenoids).

There is frequently a band of lymphoid tissue extending from the lateral wall of the naso-pharynx, down through the oropharynx, behind the posterior pillar of the fauces. In children with enlarged tonsils and adenoids one usually finds one or more, often several islands of lymph nodules on the posterior pharyngeal wall, below the level of the soft palate, and extending down as far as the cricoid cartilage. The general tendency of these lymph nodules is to atrophy after the passage of childhood, but they do not necessarily, and we occasionally see them persist in adult life. Lastly we have the lymphatic tissue at the posterior part of the dorsum of the tongue. These may be a few scattered lymph nodes or a conglomeration heaped up and forming very large masses. If one makes a very careful and thorough examination of all of the regions spoken of during an attack of acute lacunar or follicular tonsillitis, it is somewhat unusual not to find the lymphoid tissue of the naso-pharynx (adenoids), lymph nodes on the posterior pharyngeal wall, if they exist, and the lymphoid tissue at the base of the tongue, all more or less involved in the inflammatory process. It is not always easy, even for the trained specialist, to make such an examination, because, first, the patient's uvula and soft palate are swollen, making the examination physically difficult, and, secondly, because the local inflammation so increases the gagging and distress of the patient so as to make it impossible for the examiner to adequately inspect these regions. We speak of these on account of its bearing upon a condition which not in-

frequently is seen after the enucleation of the tonsils. No doubt all of you have had patients on whom a complete tonsillectomy has been performed, and who have had symptoms which they call tonsillitis. These patients have a red throat, a distinct feeling of lump in the throat, usually not so much temperature as with tonsillitis, are more or less prostrated, and have some enlargement of the remaining lymphatic tissue in their pharynx. If they have previously had joint symptoms with or following their tonsillitis there may be a slight recurrence of their manifestations. Owing to the fact that these patients have had an enucleation of tonsils, and that the local symptoms are not so severe as in those who still retain their tonsils, it is often possible to make a very thorough examination of the naso-pharynx, oro-pharynx and base of the tongue in these cases. One usually sees the lymphoid tissue in the naso-pharynx swollen to two or three times its former size, the surface covered with little whitish or yellowish spots, the lymph nodes on the posterior pharyngeal wall are reddened, swollen to several times their former size, and some of them contain a central whitish spot. The lymphoid tissue on the lateral pharyngeal wall greatly increased in size with some white spots in it. The lingual tonsil is congested and the seat of whitish spots. All this to my mind is evidence that the tonsils are not the only offending organ to be investigated in cases of focal infection, but that any and all of the lymphoid tissue in the regions that we have described may at times and in individual cases be the source from which infections enter the cervical lymph nodes, and through them into the general circulation, giving rise to the identical lesions which are now so earnestly sought for in the tonsil alone.

There are probably few tonsils, even those that appear to be normal, which, if carefully examined bacteriologically, do not contain one or more pathogenic organisms. These micro-organisms are identical with those found in the mouth and are probably harmless in a large number of individuals. It is only when the tonsil becomes inflamed and diseased, and these organisms pass in large quantities into the lymph stream, that they are apt to give rise to infections in various portions of the body.

Last fall, at the request of Dr. Simon Flexner, of the Rockefeller Institute, we furnished him with a large number of tonsils enucleated, some from our private patients and others from our service at Belle-

vue Hospital. This investigation of the bacteria in the tonsil was undertaken as a result of the study of animal experimentation of the infective organism found in tonsils removed from cases suffering from poliomyelitis. The tonsils were removed under aseptic precautions, placed in sterile containers without being handled. They were delivered to the Rockefeller Institute where cultures were made from the interior of the tonsil. In a personal communication made to me to-day by Dr. Flexner, he gives a short resume of the results obtained as follows: "Cultures of streptococcus were injected into rabbits intravenously. The cultures in the first one to three generations on artificial culture media being employed. All together the number of rabbits injected from cultures made from the tonsil was 154 of which 101 succumbed to the inoculation. Of these animals eight developed paralysis of one or more limbs, twenty-nine developed meningitis and about two-thirds of the rest developed arthritis. About one-half of the cultures came from cases of poliomyelitis, and the other half from nonpoliomyelitis. The distribution of lesions was almost identical in the two series. The most frequent effects were infections of the joints. In a small number of instances of endocarditis, pericarditis, abscess in the muscles and abscess in the kidney arose."

To my mind these experiments conducted by The Rockefeller Institute are exceedingly valuable as corroboration that there are in the tonsils those organisms which may produce the lesions which so frequently follow acute and chronic tonsillar inflammation. I understand from Dr. Flexner that The Rockefeller Institute is to continue this research work, and I have no doubt that when so important a problem is undertaken by the careful workers of the Institute the profession at large will derive very material benefit.

The method of operation for diseased tonsils should be what is known as tonsillectomy, namely, the complete enucleation of the tonsil with its capsule. We strongly urge against any of the so-called palliative measures of treating diseased tonsils. The electric cautery simply scars the surface of the tonsil, makes drainage from the lacunæ more difficult. It may reduce the organ somewhat in size, at the expense of interfering markedly with drainage. Slitting the mouths of the lacunæ, and pressing out the secretion is a method that only gives temporary relief. A scar usually results after the healing and the drainage is worse than

before the incision. Astringents applied to the surface of the tonsil interfere with instead of improving the drainage. A diseased tonsil is an unsafe organ, and should be completely removed.

The technique of removal is immaterial, providing, first, it does remove the tonsil completely, and, secondly, does it without the loss of much blood; thirdly, without leaving deformed anterior or posterior pillars of the fauces. Whether the operation be done under local or general anesthesia depends somewhat upon the operator, and considerably upon the patient. It is perfectly possible to enucleate the tonsils of some of the older children, and in many adults, following the local injection of novocain into the pillars and supra-tonsillar fossae, without a great deal of pain, providing the patient has a moderate control over the pharynx to prevent gagging and retching. In practically all children under twelve years of age a general anesthetic should be given, and many adults prefer that the operation be done under general anesthesia, rather than with a local one. We regret to say that in our experience, tonsil operations are often not well performed. It is surprising how many patients who think they have had a tonsillectomy are found to have a considerable mass of tonsil tissue left in the throat. I do not refer to the lymph nodes in the anterior or posterior wall, or the lymphoid tissue below the tonsils, or up in the soft palate but real tonsil tissue left in the tonsillar fossa. It is also disheartening to see the bad deformities resulting from loss of a considerable portion of the anterior or posterior pillar, or both, the contraction of the soft palate, where the lower border of the soft palate instead of making the nice arch it usually does, is drawn tight across from the uvula in a straight line on either side. The adhesions of the posterior pillar to the lateral wall of the pharynx draw back the lower border of the soft palate, so as to make it almost impossible for the patient to breathe through the nose, or the appearance of the throat without any pillars of the fauces at all, one smooth mass of connective tissue where the anterior pillar has been almost completely removed, or one side contracted and the other not, giving a diagonal appearance to the soft palate. These and other deformities with which I know you are all familiar are usually the result of unskilled operating, or the use of methods which prevent adequate inspection of the operative procedure. I believe that the

operation is best done in a bloodless field, under very careful inspection and dissection by freeing first the posterior pillar from the capsule of the tonsil, then separating the region of the supra tonsillar fossa, and then the anterior pillar, applying the snare for the removal of the tonsil when at least the upper two-thirds of the tonsil has been removed from its bed by a blunt dissection. The guillotine and the snare when used without first freeing the pillars of the fauces cannot sometimes help, especially in the buried type of tonsil, including with the tonsil a portion of the pillars, thereby producing some type of unsightly deformity.

The amount of hemorrhage occurring during the dissection of the posterior pillar the supra-tonsillar region and along the anterior pillar is seldom more than eight or ten drops of blood, owing to the fact that the tonsil is kept on a stretch, and the blood-vessels thereby compressed. This is true only when the plane of dissection closely adheres to the capsule of the tonsil. If the instrument, sharp or blunt, used for dissecting gets into the loose connective tissue external to the tonsil in which tissue there is a large plexus of veins the hemorrhage necessarily will be considerable, and greatly obscure the operative field. As soon as the tonsil is removed with a snare, a spherical plug of gauze the size of the tonsil should be inserted into the tonsillar fossa and held there from two to five minutes until the hemorrhage from the cut veins and arteries ceases. If this procedure is followed the average loss of blood per tonsil in children is not more than one dram, and does not usually exceed double this amount in adults. We believe that every effort should be made to make the loss of blood in tonsillectomy in children as little as possible, as many of the children are already septic from the absorption from the diseased tonsils, and a loss of any great amount of blood materially prolongs their recovery from the effects of the operation. Hemorrhage following tonsillectomy is an infrequent complication, providing the operator has ascertained that the tonsil fossa is absolutely dry before the patient leaves the operating table. There are, however, two classes of cases in which we have found an exception. One is the patient suffering from valvular lesions of the heart, and cases recently recovered from nephritis or subject to mild nephritis have a tendency to have recurring hemorrhages from the tonsillar fossa at varying times,

and sometimes repeated at any time up to two weeks following the operation.

We are often asked how soon after an attack of acute tonsillitis it is safe to enucleate tonsils. We have seldom enucleated tonsils less than two weeks after an acute attack of tonsilitis, and prefer to wait a little longer, unless there is some urgent necessity for their being enucleated. The principal reason why we wait this length of time is because the tonsil is so soft for two or three weeks following an acute tonsilitis that it is extremely difficult for us to make sufficient traction on the tonsil to make a good dissection. The difficulty is that the tonsil grasping forceps pulls out and it is extremely hard for us to properly separate the capsule from the pillars, and we are in great danger of leaving a portion of the capsule and therefore always some of the tonsil in the throat. We have seen two cases of acute arthritis develop within a few days after the incomplete removal of a soft, recently-infected tonsil. We are frequently asked whether patients with a diseased tonsil may not be too old to have their tonsils enucleated. We have enucleated tonsils in patients over sixty years of age with no more hemorrhage than in a much younger adult. Advanced age is no contra-indication to the operation, providing there is a real necessity for the enucleation of the tonsil.

CARDIAC REMEDIES.*

By PAUL H. MARKLEY, M. D.,
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Because of the changes made in the recent edition of the Pharmacopeia it is especially fitting that we review our knowledge, at this time, of the remedies that are in almost daily use. Having been assigned the part of discussing the various cardiac remedies our attention is naturally directed to what are known as the digitalis group, which include not only digitalis, but strophanthus and squill as well as some minor drugs having, or supposed to have, practically the same action as does digitalis. Digitalis, you will recall, is prepared from the plant of the common name of foxglove, and was first introduced into medicine during the eighth century by an English phy-

*Read at the meeting of the Camden City Medical Society, February 6, 1917.

sician by the name of Withering, the infusion bearing his name to this day, the legend accompanying the discovery of digitalis is interesting. It is said that in a certain town in England where Withering practiced, there lived, and practiced medicine by the use of secret remedies an old woman, especially famous for her successful treatment of dropsies of all sorts, having succeeded in many cases in which the doctor had been unsuccessful; being chagrined at the ofttime repeated experience he surreptitiously obtained a supply of this remarkable remedy, which he used with the same success and without being aware of its more pronounced action on the heart. He at once announced it to be a wonderful diuretic remedy, and it was left to subsequent investigators to explain its rationale. Many of the theories being unique and interesting, the rehearsal of which however would far exceed the limits of the present paper, besides we prefer to devote our time to the practical application of these remedies, being content to accept the theories of the most recent investigators concerning the probable action of this class of remedies, which can be best summarized as follows:

The average dose of digitalis acts almost solely upon the circulation, slowing the rate of the heart's beat and increasing the force of the heart's beat, by a direct stimulant action on the pneumogastric nerves and upon the heart itself by this cardiac influence and by contracting the blood vessel walls, also probably the vaso motor centre; therapeutic doses of digitalis increase very perceptibly the blood pressure. The active principles are absorbed and probably eliminated through the kidneys, though in health its diuretic action is very uncertain.

In anasarca especially, if arising from broken compensation, it acts strongly as a diuretic, the urea remaining the same but increasing the output of uric acid.

Digitalis is the remedy par excellence in cases of dilatation of the heart, and of valvular affections causing broken compensation, but we should always bear in mind that even in organic murmurs its use is not indicated if the circulation is compensatory, and also bear in mind that it is very unusual to have an organic murmur without some displacement of the apex beat. Cabot claims that at least 60 per cent. of all heart murmurs are functional; on the other hand in simple hypertrophy of the heart digitalis does harm and should never be used, though when hypertrophy exists

with dilatation it is distinctly indicated. On account of the slow excretion of digitalis preparations there has been much talk of its cumulative action, which does perhaps occasionally occur when, upon the onset of symptoms such as marked arrhythmia, the preparation should be stopped.

In the acute diseases I know of no more valuable remedy to tide over the crisis, and I quite agree with Jacoby that it is always better to anticipate this period by commencing the administration of the drug in some form than to await until the occurrence of collapse and then, when all chances of recovery of the patient is about gone, to get busy with a hypodermic load of digitalis or strychnia—that is not good therapeutics. It is a well-known fact that digitalis does not act as well in the presence of fever and it has been claimed by some observers that that is due to the fact that the toxins of the infection depress the pneumogastric and that the stimulating action of the drug upon that nerve is therefore not so perceptible. While that may be true, may it not also be true that the toxins lower the tone and vigor of the heart muscle, so that the fibres being atonic do not respond as quickly or as vigorously as otherwise.

Which one of the number of preparations of digitalis to rely on is a difficult question; personally, while I am not prepared to say positively that it is the best, I do not hesitate to say that I prefer the digipuratum, though it has been very difficult to obtain it since the European war started, though I have been recently informed that a chemical firm in Philadelphia is preparing a practically identical preparation which is now being extensively used with satisfactory results.

That digitalis is an irritant to the mucous membrane of the stomach frequently causing vomiting, there can be no doubt—we have all encountered it in the administration of the drug by the mouth, though it is now claimed by many authorities that the vomiting is caused, not by the local action of digitalis, but that it is of central origin, due to the drug's action on the vomiting centre located in the medulla. That this is at least not entirely true is well shown by the fact that if in a case where digitalis is being given, the mode of administration be changed to hypodermic administration, the vomiting promptly ceases.

In spite of the various drugs that have from time to time been introduced as sub-

stitutes for digitalis the best testimony of clinicians is that there is no substitute.

In the administration of digitalis it should be borne in mind that the last edition of the pharmacopœa directs that in the preparation of the tincture of digitalis that the strength be reduced from 15 grams to 10 grams per c.c., so that now the official tincture of digitalis is reduced just $33\frac{1}{3}\%$ in strength; if we should forget that fact we may be administering doses entirely inadequate and be included within the class of those which Fourcheimer refers; namely—in the causes of failure in the use of digitalis, the most prolific causes of failure lie in the physician and not in the drug. Because of its slow action digitalis is of but little service in an emergency, for as a rule it shows no action upon the circulation under 2-4 hours and its diuretic action is scarcely perceptible for several hours more.

Convallaria sometimes used as a heart tonic is only mentioned to be condemned as it is no doubt a treacherous drug, many cases of sudden death having occurred during its administration. Caffein is a reliable heart tonic and a good diuretic as well, acting directly upon the kidney cortex; when administered for its action on the heart it should be given in small and repeated doses rather than in one large dose, as given in this manner sleeplessness is less marked. Nitroglycerin and the nitrites are frequently useful in cardio-renal disease for the ever present high blood pressure control and I believe they are remedies which should be administered with caution, as they too frequently swing the pendulum too far in the opposite direction. Nitroglycerin, contrary to the ideas of some of the profession and the laity, for I have frequently heard it referred to as a heart tonic by doctors, it is not a cardiac stimulant. In medicinal doses it accelerates the action of the heart, which, however, is not due to any action upon the heart muscle or of any of its mechanism, but is a result of a fall in the blood pressure, owing to its action in widening the blood vessel paths, nor is such action due to any affect upon the vaso-motor centre nor upon the nerve endings, but is due to its peculiar action upon unstriated muscular fibres in the walls of the blood vessels, those of the abdominal cavity and those of the face being the most affected. In large doses the nitrites weaken and slow the control of the heart.

Strophanthus may be considered next to digitalis itself as the most used drug of the

digitalis group; it is sometimes preferred to digitalis because it has no action upon the arterioles and does not therefore raise the blood pressure to the same extent, besides it is considered to be a more powerful diuretic, having a distinct action upon the secreting surface of the kidney it is not infrequently combined with digitalis with good results. The tincture of strophanthus has been doubled in strength by the recent revision of the pharmacopœa, having been increased in strength from 5 grams to 100 c.c. to 10 grams per 100 c.c. Strychnia does not directly affect the heart, it does, however, stimulate the vaso-motor centre, thus raising the blood pressure. Its principle action however is upon the nervous system, though because of its bitter qualities it increases the appetite and adds tonicity to the muscles. It is held by some authorities that except in cases of emergency it is administered in too large doses, with this opinion I am in accord. Regarding this drug it should also be borne in mind that the strength of the fluid extract of nux-vomica has been increased under the new pharmacopœa revision from .75 of the alkaloid to 1% of the alkaloid. Squill, though much more in use as an expectorant, contains some substance which acts directly upon the heart. It is a direct stimulant to the kidney action and therefore a valuable diuretic useful in all atonic dropsies though, because of its irritant action is contra-indicated in Bright's and in congestions of the kidneys. In cases of sudden failure of the heart's action ammonia is very valuable, which in such cases should be given both by mouth and by inhalation, and in cases of sudden collapse it is said to be given well diluted and hypodermically. In the adynamic condition camphor is very useful to tide over, but being so evanescent it should be frequently repeated. Much discussion has arisen both pro and con regarding the use of alcohol in weakened heart conditions, some of the therapeutists telling us that in small doses it is a heart stimulant, others stating directly the opposite; notwithstanding this diversity of opinion I feel confident that it is of much value in some cases. In overdoses it cannot be denied that it is a heart depressant and paralyzant. Adonis vernalis is similar in its action to digitalis, having the distinct advantage of acting much more promptly. Apocynum or Canadian hemp is also said to be similar in action to digitalis in heart conditions, besides acting as a powerful diuretic especially in those cases of ascites arising from

cirrrosis of the liver; so useful has it proven to be in some cases that it is sometimes referred to as "The vegetable trocar;" it is a very irritating, disagreeable tasting drug and personally I could never find anybody able to retain it on the stomach for anytime continuously. Cactus may be considered to be a weak imitation of digitalis in its action upon the heart but may be useful as an adjuvant.

There still remains to be considered under the head of Cardiac remedies another class of drugs used to diminish the activity of the circulation and known as heart depressants, important to understand in cardiac medication, but I feel that I have reached the limit of your endurance and would prefer leaving a discussion of the same until some future time.

SLEEP AND PROPER AND IMPROPER METHODS OF SLEEPING IN RELATION TO HEALTH AND DISEASE.*

BY JOSEPH A. MACLAY, M. D.,
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Notwithstanding the years of activity of boards of health, tuberculosis societies and other public health organizations and the immense amount of money expended in the propaganda looking to the prophylaxis and cure of lung diseases, the progress made has been nothing commensurate with the amount of labor and expense. This propaganda must of necessity deal with elementary ideas and in the majority of cases with minds of a calibre insufficient to grasp the great object aimed at and so the minutest details must be gone into and explained in the simplest language possible, facts which I have no doubt, are well known to those who make efforts to enlighten the public. It is with this point of view in mind that I will endeavor to analyze what I consider to be the greatest factor for good or evil in the battle of humanity against lung diseases, i.e., proper and improper sleep.

Any discussion of this subject will be in the main a consideration of the prevention and cure of tuberculous, but whatever I have in mind includes not only that disease, but every other disease of the respiratory tract, i.e., pneumonia, influenza, coryza, asthma, bronchitis, besides those affections due to lack of haemoglobin, as anaemia, scaly skin, pimples, etc.

If a person of wealth consults an architect nowadays about building a home, he is advised to build into it a sleeping porch. This, then, is the accepted method thought proper for persons of affluence to sleep, namely, on a porch in the open air, and if proper for one why not for all? If sleeping in the open air is the generally accepted method used in the treatment and prevention of tuberculosis why should it be limited in its use to only subjects of that disease? Why not by open air sleeping prevent nearly all tubercular infection and thus practically eliminate the disease? These are momentous questions the answers to which can only come as a climax to such an exhaustive consideration of the subject as cannot be undertaken in one short paper. Before proceeding with my suggestions looking to a better appreciation of this subject of open air sleeping let us analyze the phenomena of sleep in closed rooms *without proper ventilation* and the why and wherefore of the same.

A person sleeping in a room in a still atmosphere of course exhales the normal amount of $C O_2$. This being heavier than air accumulates around the face and shortly so surcharges the re-inhaled air that a demand is made by the blood for oxygen. Without awakening the person will do one of several things: turn over and get his face in a new zone, throw his arms above his head, put his hands to his face and rub his nose and face or throw the covers down from around his neck. Persons sleeping in a *still* atmosphere are notoriously restless, they sleep with the covers thrown down from the chest, kick the bed-clothing about and move about in their sleep, and every unconscious movement tends to stir the air around the face. They are but yielding while asleep to the demand of their blood for more oxygen. They awake in the morning feeling not completely rested, the tongue is furred from mouth breathing—due to a demand for a freer access of air to the lungs than supplied by the nose—and it takes many minutes for them to get properly stirred up. The reason they *do* get stirred up and feeling better is that, in moving about, they get into constantly changing new zones and begin to breathe new air. Here we have the explanation of the commonly so-called "spring fever" and the same occurs in the fall. A person in the summer naturally sleeps with the windows open and fresh air stirs through the rooms. As winter comes on the windows are closed, the demand for

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fresh stirring air has become such a necessity that the effects of breathing and re-breathing an atmosphere heavily charged with CO_2 make all the symptoms of restlessness, sleeplessness, lagginess, dark brown taste in the morning and a general state of half-hearted ability more pronounced at this period of the year. As the colder weather progresses and the person so sleeping becomes more accustomed to the closed atmosphere, these symptoms abate somewhat. In the spring the same thing occurs. The demand of nature for fresher air to breathe becomes more insistent with the onset of warmer weather, the person fails to open his windows at night and he develops in an exaggerated degree the symptoms which are commonly known to all as "spring fever" for which our grandmothers gave large and juicy doses of sulphur and molasses, little knowing that the relief of the symptoms which they ascribed to this panacea was really a consequence coincident with the opening of the windows and breathing fresh air, as the weather grew warmer. Probably very few mothers of infants realize why their offspring sleep so well in the baby carriage when being wheeled about or out on the porch, and why they are so restless at night when sleeping in the house. More than once I have been consulted on this subject and the question of "How does your baby sleep when in the carriage and outside in the air?" will always bring the answer, "Oh! he sleeps just lovely then." It is hard to realize that we were born to live out of doors, that young nature especially resents the interference of civilization with this birthright, that the metabolic changes going on with much greater rapidity in infancy than later demand not only an abundance but a superabundance of the freshest air possible to get, and only when this condition is provided for the full twenty-four hours each day does the child thrive. Depending on the degree of curtailment of the fresh air supply arise the untoward changes in the infant organism, little or great in their pernicious effects.

Practically all persons will sleep with the windows wide open and consequently in the fresh air in the excessive heat of our summers. In the poorer quarters sleeping on roofs, in yards, or otherwise in the open, is common. Thousands sleep on the beaches in the metropolitan districts. But in the winter the problem of sleeping in the open air becomes more difficult, and it is on this point that I think the propaganda falls

down. The problem of sleeping in fresh air becomes increasingly difficult the less wealth persons possess. For the wealthy with sleeping porches it is easy. For those with big airy rooms with two or more windows in them it can be arranged nicely. For those with only one window to a room it is more difficult, and for those in poverty in crowded tenements in rooms with windows or air-shafts the problem is stupendous. The building code still permits the building of one window rooms in houses. Notwithstanding all the propaganda this is as far as official regulations have progressed.

With the benefits to be derived from fresh air sleeping but little is understood by the general lay public, and the human mind only being concerned with what directly affects the person at the time, but few will go to the trouble, while they are fairly healthy, to even think about, let alone bother with, the problem of how to sleep well in the fresh air in winter. To the tubercular subjects who go to sanatoria for relief the need is patent, but even they are apt to backslide when they return to their homes. It is because the problem of fresh air sleeping offers intricate difficulties to the home dweller, besides the constant admonition of misguided but well meaning friends who are "afraid of taking cold" that few take it up. I have given hours of argument to convince patients that it is their duty to themselves, their kin and offspring to sleep in a draught of fresh air and have had them agree to do it and go home firmly convinced they will, only to have my whole structure cast to the ground like a house of cards by some neighbor saying, "Why child you will catch your death of cold."

The foregoing few remarks lead up to my idea of how persons can properly sleep in the winter time in the fresh stirring air with consequent benefit to themselves and their complexions. For it is only those who adhere to this principle who have beautiful clear skin. That should be a big inducement to the ladies. Trudeau said that "we should accustom ourselves to sleeping in the open air," and his plan of treatment was founded on this idea. Animals seek the warmth and the human animal is no exception. To sleep in fresh stirring air in the winter with comfort the body *must* be kept warm. The idea that cold air is what is needed is wrong. Equal benefit can accrue in summer as in winter. What is needed is fresh stirring air. We in this climate must accept the cold in winter and provide for it. This can be done in even

the humblest home by a careful attention to detail. A sleeping room must be set aside with two or more windows in it if possible. These should be on opposite sides of the room, or the best that can be done approaching this. The bed should be single should be placed between the windows where a draught of fresh air will sweep over it at all times during the sleeping hours. If but one window is in the room the bed should be placed with the head as near the window as possible and some means of ventilation provided through a door leading into another room and the window open in the other room. The bed clothing should be very ample and long and wide enough so as the enable it to be tucked in well on the sides throughout and at the foot and come well up and draped over the sleeper's head if needed. Or a sleeping cap can be provided. Fixing the bed in this manner makes it to all intents a sleeping bag and the occupant should get in from the top, with as little disturbance of the arrangement as possible, unless some kind person is about to tuck him in after he is in bed. If thought necessary, hot water bottles or bags can be used. Especially are the metal hot water containers useful for this purpose. Persons sleeping in this manner with a draught of fresh air playing over their faces tend to snuggle down in the bed. They lie perfectly quiet. They draw the bedclothing up around their necks. If they are not using sleeping caps, a small blanket can be draped around the heads. A sleeper this way is as "snug as a bug in a rug." He sleeps soundly, breathes through his nose and sleeps longer than our restless friend sleeping in a still atmosphere previously described. A sleeper in the freshly stirring air knows all the joys of the arctic explorer in his sleeping bag after a hard day's travel. The fascination of this sleeping in the arctic has been described by those who have been there as one of the main reasons for the great longing to return to those regions by the explorers. Failure to figure out how to keep the body warm while sleeping in a draught is mainly the reason for its not being the universal custom. Bodily warmth is the first requisite of nature and must be provided for. To torture a person by having him sleep in the open air with insufficient and poorly arranged body covering is wrong, and yet many tubercular persons are so tortured in the mountains and in sanatoria under the direction of physicians who have progressed only so far as not to grasp the ultimate

teaching of Trudeau who emphasised that very point. At his Cottage Sanatorium at Saranac in the Adirondacks the patient is put to bed, hot water bags placed around him, he is tucked in, a sleeping cap is put on—all this being done in a nice, warm, comfortable room, and when all is ready the patient is wheeled out on the porch and left there to sleep. All the beds are equipped with wheels. What matter then if the temperature is 40 below zero? A person so arranged need have no fear of that. His bodily heat in the snug blankets, together with the hot water bags make him perfectly comfortable. Each breath he takes is as pure as nature can make it. He gets a preponderance of sleep in this pure atmosphere. Toilet necessities are attended to by wheeling him into the nice warm room. There is no exposure.

This brings us to the consideration of what shall the person do who is sleeping in a well-ventilated room in this climate, fixed as I have suggested when he gets up in the morning? The room in the winter is cold, of course, because all the windows have been open. A dressing room must be provided wherein one can quickly get and wash and dress in comfort by the warm radiator or stove. A big thick and heavy bathrobe must be provided to enable him to get quickly into it as he rises up in bed. Comfortable slippers should be at hand. He vacates the sleeping room for the warm dressing room and proceeds with his toilet. Finishing this he faces the world fortified with the health-giving oxygen he has inspired during the night and much more capable to resist the germs of dust, dirt, disease and death than his poor fellow who has spent his sleeping hours tossing around in restlessness.

To sum up: The explanation of spring fever, fall fever, malaise and heavy feeling can generally be found to be the result of improper sleeping methods.

The explanation of restless sleeping, night sweating, dark brown taste in the morning rests with the above.

The failure of the majority of people to take proper sleeping with open windows is due to their failure to consider and meet the difficulties necessary to accomplish it in winter time.

The poor results from the propaganda looking to reform along these lines is due to lack of proper detail explanation for one thing and a disinclination on the part of the general public to interfere with established custom.

Good health, good appetite, rosy complexion and freedom from disease of the bronchial mucous membrane rest on proper sleeping in a constantly refreshed atmosphere, i.e., in a draught, with the body well protected in winter time.

INFANTILE PARALYSIS.*

BY MORRIS FRANK M. D.,

Bayonne, N. J.

Since last summer a great deal has been written about a disease which caused serious loss of life, or else left a majority of the victims crippled to a greater or less extent. The seriousness of infantile paralysis warrants the amount of literature written. But, unfortunately, a great deal of this literature is based on theory and is conflicting. Whatever we thought we knew about the disease before the last epidemic has been largely exploded and at that with a loud thud.

Acute anterior poliomyelitis is not entirely descriptive of this disease. It is pathologically a poliomyeloencephalitis, as the cerebrum and rest of the brain is often involved. Although called infantile paralysis, adults are not exempt. This disease was first recognized by Heine in 1840. It first caused serious attention in this country during the epidemic of 1907. In that year the epidemic first started in New York and rapidly spread all over the United States and Canada. From that year till last summer, it annually attacked hundreds of victims throughout the country. Last summer the epidemic started in Central America and rapidly spread to this country. It was a more serious epidemic than the previous one both as to numbers involved and the number who died.

The cause of this disease has finally been simmered down to an infectious theory. There was another theory—a chemotoxic theory which has been thoroughly refuted. The bacterial theory is pretty well recognized as the true one but the kind of microorganism, or how it is transmitted, are still mooted questions. Geirvold of Norway thinks it is a diplococcus and has produced artificial paralysis in monkeys by injecting pure cultures of this organism which he claims he found in the spinal fluid. He has been corroborated by other investigators. Flexner claimed that he produced the

disease by injecting a virus obtained from the infected fluid of the spinal canal. He has been unable to isolate the organism as it is so minute as to pass through the finest filters. He was utterly unable to find the organism in film preparations or in cultures. He has not been corroborated by other investigators. Dixon's protozoon theory seems to be the most plausible one from present indications as the disease acts like a protozoon disease. There is a tropical disease which occurs in domestic animals and it causes a destructive paralysis which is closely analogous to infantile paralysis. It is caused by a trypanosome which is carried by biting flies. During epidemics of infantile paralysis, the paralysis which occurs in our domestic animals at the same time is closely related to this tropical disease. It is possible that this tropical disease reaches the northern countries during the summer months and attacks domestic animals and man. When the cold weather comes this disease is checked and is held in abeyance till the following summer. Poliomyelitis acts just like this. Beneke of Marburg has corroborated Dixon. This disease remains endemic in insect or human carriers, the organism being in a dormant state till the warm weather arrives. Dr. Flexner, a few weeks ago came out with a statement that there is danger of another epidemic this coming summer.

The method of transmission of this organism is also a disputed affair. Frost of the Public Health, Mills, Dixon and Manning believe that it is transmitted by the stable fly. Their theory was confirmed by Sheppard and Rosenau of Massachusetts, by successfully transmitting the disease from monkey to monkey by means of the stable fly as carrier. Others accuse the bedbug as the carrier. Still others think that the domestic animal, especially the dog is a carrier. As a matter of fact, the host is unknown, but it is recognized by nearly all authorities that there is an intermediate host. The contact theory does not seem to be a warranted one. If the nasal and oral discharges were so extremely contagious, epidemics would not act the way they do. Highly contagious diseases like grippe, measles and pertussis and some exanthemata, will have several members of the family infected and that seems to be the rule. Although in a good many cases, several members of a family were infected in the epidemic of 1907 and the last one, they were in the large minority and seemed to be the exception rather than the rule. It

*Paper read before the Bayonne Medical Society, January 15, 1917.

has been claimed that other members of the family may have the abortive type of the disease. But why should the abortive type appear in large numbers. We know pretty well that cases which are infected from others are generally severer in type than the original cases. Out of 44 cases in Bayonne, only two were from one family. It may be claimed that all the cases were not reported. Let us look at the report from Newark. Dr. Elliot of Newark claims that out of 580 cases that came under his care, in only three families did he find evidence of contagiousness. By this he means that out of all that number, only three families had more than one member affected. That is a remarkable record for such a "highly" contagious disease.

The predisposing causes are also conjectural. The only thing we do know is that it attacks children mostly under the age of ten. Fully 70% of all cases occur between the age of one and five. Of these, nearly 90% occur between the first and second year. Nevertheless, no age is exempt. In Bayonne, two were 8 months old, and the rest were over that up to the age of five years. The great majority were between one and two. It seems that children under 10 months of age are not very susceptible. All races but the negroes are susceptible. The black race seems to have a peculiar immunity. I have spoken to orthopedic men in New York and they claim that they have never seen a negro child with infantile paralysis. I have seen numbers of old cases of infantile paralysis come for treatment of the paralysis in the clinics and none of them has ever been a negro child as near as I can remember. The temperate zone seems to be most often affected with epidemics. But since the epidemic of 1907, it has become pandemic. The male sex seems to be slightly more susceptible than the female. Other predisposing causes are trauma, overexertion and exposure. Dentition is thought to be a predisposing cause. It was formerly thought that poverty, filth and unsanitary surroundings were causes. The last epidemic exploded that theory. Many children of the finest families in the country were stricken by the plague. Summer time is the time when the epidemics break out. As soon as the cold weather appears, the epidemic is broken. Hill of Minnesota believes that a hot dry summer favors the disease, as the dust—which he thinks is the carrier—spreads the disease.

The pathology is more extensive than is commonly thought. It is a general infection

with a localization of the lesions in the central nervous system. The cord is principally involved with a secondary involvement of the brain. The meninges show an acute exudative inflammation. The cerebro-spinal fluid is slightly increased in amount. It is clear at the early onset. Just before the paralytic stage, it becomes turbid. This turbidity is due to an increase in the amount of cells in the fluid and is diagnostic of the disease. When the paralysis appears, it again becomes clear. The cord and brain are slightly edematous. The gray matter of the cord is darker than normal and is swollen, especially the anterior horns. There are punctate hemorrhages in the cord and brain. The microscopical findings, show an acute interstitial myelitis. There is a round cell-infiltration around the blood vessels of the cord and extravasations of blood. The round cell infiltration tends to choke off the blood supply to that part of the cord supplied by the vessel involved and there is a partial or complete degeneration of that region. The three primary factors then of the pathological lesions are cellular exudate, hemorrhage and edema. The virus presumably enters the blood either through the nose and throat, by ingestion, or by inoculation through an insect bite. It circulates in the blood and then selects the central nervous system to ply its deadly work. The cervical and lumbar enlargements, being most richly supplied are most frequently attacked. The process is to a large extent a mechanical one. The perivascular infiltration causes an exudation of blood and a cutting off of blood supply to those portions of the cord nourished by the affected vessels. The exudation and resulting edema presses the nerve cells together. There is a resulting anemia of these parts and final death of the nerve cells. The toxin plays a secondary part in the death of these cells. The sensory ganglia of the cord are involved to a less extent and this is the cause of the early tenderness. The terminal stage is a replacement of these nerve cells by cicatricial tissue. If the cicatricial tissue occurs in small areas, then connections are formed between the motor cells which lie close to the destroyed portion and the resulting paralysis will be slight. If there is an extensive destruction of motor cells, then the resulting paralysis is complete and there is little hope of regeneration. The brain shows a similar pathological picture but to a much slighter degree. The other organs of the body show an increase in lymphoid tissue. The pa-

ralyzed muscles quickly become atrophied and if they remain permanently paralyzed, show a reaction of degeneration.

The symptoms are not characteristic of any special disease until the paralysis appears. The onset does not differ materially from the onset of any infectious disease. It may resemble a cold in the head, gastro-enteritis or dentition. If an epidemic is present then, of course, one is suspicious of every case that in any way shows symptoms of an infectious disease. One suspicious symptom is tenderness of the spine and near the nape of the neck. The preparalytic stage lasts anywhere from a few hours to a few days. As soon as the paralysis appears the temperature drops. During the acute paralytic stage, tenderness accompanies the paralysis. This stage lasts from 6 to 8 weeks. Then the convalescent stage appears. This stage lasts a variable period. The muscles may regenerate within three months or it may take two or three years before the muscle will either improve or when we can no longer hope for the muscle to improve. Sayre has recently said that he has hopes even for muscles which show a reaction of degeneration. The final paralysis is always less than the initial. This is due to the fact that the muscles are practically never completely paralyzed. The lower extremities are more often involved than the upper and one limb is more often involved than two. Very seldom are all the muscles of a limb paralyzed. The most common occurrence is paralysis of one muscle or a small group. The reflexes of the paralyzed muscles are gone. In the early stage the limb is tender. It is also colder on account of disturbance of circulation to the limb. This disturbance of circulation is due to involvement of the trophic centres of the blood vessels in the cord. The paralysis is flaccid. There is a tendency to deformity in cases which are untreated.

The location of the paralysis and the special symptoms depend upon the part of the cord involved, how much involvement there is of the brain, and the virulence of the toxemia. In very mild cases, the symptoms are so mild that it may escape detection and there is usually complete recovery. These are the abortive cases. If there is an extensive involvement of the cord, the extent of the paralysis is great. If the upper part of the cord is affected, there is danger of the respiratory type of paralysis occurring. Bulbar paralysis occurs with involvement of the pons and medulla. This is the most fatal type of all. The respiratory centre is

always affected and the patient dies of respiratory paralysis. If the patient has infection of the dorsal segments of the cord, the respiratory trouble is due to paralysis of the respiratory muscles, while in the bulbar type, the respiratory muscles are not paralyzed but the respiratory centre is paralyzed. Then there is a type that starts in the lower portion of the cord and travels upward or vice versa. This is the type that resembles Landry's paralysis. This type is also quickly fatal on account of bulbar involvement. If the cerebellum is involved, the ataxic type of paralysis occurs. If the cerebrum is affected, it resembles closely a meningitis. In the last epidemic I saw one case which I think was more like the cerebral type than the spinal. It was sick a few days with a gastro-enteritis. At the end of a week, he suddenly developed a general tremor and had twitchings on the slightest provocation. He had a temperature of 104. When placed on the floor to make him walk, he trembled considerably. These twitchings were not severe enough to be called convulsions. In the evening, he developed a paralysis of the lower limbs and that night he died.

The mortality varies in different epidemics and in different localities. It ranges from 7% to as high as 25 and 30%. Sporadic cases offer a more favorable prognosis as to life. Last summer, it was unusually high. In New York, it was between 20 and 25%. In Bayonne, out of 44 reported cases, 18 died during the acute stage and four died after they returned from quarantine. This made a total mortality of 50%. In children under one year and over 10 years the mortality is above the average. Children from 2 to 5 offered the best prognosis.

The diagnosis is not difficult after the disease is fully developed. The difficulty lies in diagnosing it before the paralysis sets in. Nearly all authorities agree that it is impossible in the preparalytic stage. The only possible way is by examination of the spinal fluid. If the fluid is turbid, and is obtained under pressure, it is diagnostic of the disease. Of course, this condition is suspected in all children with a temperature during an epidemic. If this fever is accompanied with nervous irritability and hyperesthesia, a lumbar puncture is warranted. Lumbar puncture is also valuable in abortive cases to establish a diagnosis. Some believe that early removal of a little fluid in the early part of the disease will either prevent or at least modify the paralysis.

Infantile paralysis must be differentiated from the exanthemata, acute infectious diseases, gastro-enteritis and dentition in the early stage of the disease. Spinal puncture is the most positive way of differentiating it from those diseases. After the paralysis is in full blast, it must be differentiated from a number of nervous affections, some of which it closely simulates and is often very hard to differentiate. The most important disease it has to be differentiated from is meningitis. In meningitis the paralysis is confined almost entirely to the head and neck, there is nystagmus, rigidity of the neck and the cerebral symptoms are marked. Convulsions are also common. Paralysis of the limbs will occur, but not very frequently. The eyegrounds will show intra-cranial pressure. In poliomyelitis, the paralysis of the limbs is the primary symptom. The cerebral symptoms are very slight or are very often absent. The paralysis from meningitis is spastic and the reflexes are exaggerated. Kernig's sign is present. In poliomyelitis, the paralysis is flaccid, reflexes are lost in the involved muscles and Kernig's sign is absent. Spinal fluid examination is also important. In cerebro-spinal meningitis, the fluid is turbid and the centrifuged fluid will show the intracellular meningitidis. In tuberculous meningitis, the fluid is not very cloudy and the centrifuged fluid will probably not show any micro-organism; or if it does it will be the tubercle bacillus. If allowed to stand, a fibrin network will form and it has a high albumin percentage. It also shows an increase in mononuclear cells. The most important point in the diagnosis is the presence of an epidemic. The spastic spine and rigid neck in meningitis is pathognomonic. In poliomyelitis, the spine may be tender but is never spastic and the head is freely movable. There are other diseases from which it must be differentiated but they are not so common or so important to differentiate as meningitis.

The prognosis as to life has been mentioned under mortality. As to complete recovery, the prognosis is grave. It is very hard to prognosticate the amount of paralysis that will remain. A child will often present an extensive paralysis of two limbs and the ultimate result may be a slight weakening of one leg and paralysis of one muscle or a small group of the other. Then again the paralysis may involve a small group of muscles and very little improvement will result. The prognosis depends upon the pathological process. The more

cicatricial tissue formed in the cord, the more extensive the paralysis and the less chances there are of complete recovery. An important thing to remember is that the severer the onset the worse the prognosis both as to life and as to ultimate recovery of the complete use of the muscles. The respiratory type is the most fatal and upper extremity paralysis offers a poorer prognosis on account of the danger of involvement of the respiratory muscles.

Spontaneous recovery is more common than is thought. The abortive cases are of course included in this group. There is quite a good percentage of abortive cases although the exact number cannot be known because they are not recognized as a rule. These usually recover completely, although occasionally an abortive case is spotted by finding a child limping on its foot some little time after it had been slightly ailing. Complete recovery without atrophy occurs in 25-30% of all kinds of cases, including abortive cases. Functional recovery with atrophy occurs in 35% of all cases. The length of time it takes for a man to be able to say that a case is completely cured or that it has reached its maximum improvement varies from two months to about three years. The average is about six months. The prognosis as to shortening is also guarded. Often a mild case will produce a greater shortening than a severe one. The shortening is rarely great and two inches is considered a lot. The retardation of growth is supposed to be due to disturbance of function of the trophic centres in the cord. Deformities depend almost entirely upon treatment. A deformity should not occur if treated intelligently. By this I do not mean that a drop foot is the fault of the attending physician. I mean that the drop foot should not be accompanied by a shortened or even taut heel cord. There are two classes of cases which are not influenced by treatment. These are the very mild ones which get well in spite of treatment and the very extensive cases.

The prognosis of late cases with operation is also guarded. Operation should not be attempted before two years. The upper extremities do not respond kindly to any plastic work. In the lower extremities, the only operations which have proven of any value are arthrodesis, that is making a flail joint fixed. Other operations do not show as good results.

The treatment of this disease is most important, not from the point of there being a specific for it but because a great deal of

harm can be done by over-treatment. I shall consider the prophylaxis and the treatment of the first stage. The second and third stages come under the care of the orthopedist and the ordinary practitioner can do a lot of harm if he attempts to treat them without being in touch with a specialist.

Prophylaxis is mainly quarantine. I do not wish to act the part of a critic who decries all that is done. There is no question that intelligent quarantine is necessary. Just exactly what should be done is not known because we do not know what the carrier of the disease is and just how it is transmitted. This does not say that we should become hysterical and do everything we can think of *even* to the detriment of the patient. The patient has as much right as the community. If anything is done to him which is detrimental to his ultimate recovery and at the same time its beneficial effects to the community is questionable, to my mind it appears it should not be done. According to the present theory, it is a carrier disease. We should, therefore, take the same precaution that is taken in other carrier diseases. We do not take a malaria case and ship him away like a leper. There is no more reason in doing that in infantile paralysis. The character of the epidemic wherever it broke out proved that it is not spread by contact. As mentioned before out of 44 cases only two were in the same family, and the second child developed the disease some time after the first one had it. In Newark, out of 580 cases, in only three families were there more than one affected. This is pretty conclusive that it is not a contact disease. Besides, the measures taken in Newark were much less elaborate than in Bayonne. The quarantine consisted in simply placing a placard on the door just as in any other contagious disease. Before this last epidemic these cases were treated in the public wards and we did not hear of anybody who attended these patients coming down with the disease. In many cities, including New York, there were so many cases that the public hospitals were used to take care of them. There did not seem to be any outbreaks in those hospitals. Besides, when a case is reported, the paralysis has already set in, and if it is so awfully contagious, the other members of the family have been exposed to the disease and probably infected. Tearing the children away is like locking the stable after the horse has been stolen.

The stages of the disease are the prepara-

lytic, acute stage, convalescent and chronic. The treatment of the preparalytic stage is unknown as we are not positive of the diagnosis, unless a spinal puncture is made. Urotropin in this stage is said to have some influence on the disease. It probably lessens the severity of the disease. After the paralysis sets in, it has no effect. Tapping the spine has been thought to either abort or else greatly modify the disease during this stage. Dr. Zingher of New York has tapped a number of spines and injected the serum from old poliomyelitis cases. He claims to have had excellent results. He also claims that he can modify the paralysis even after the paralysis sets in. This brings us to Flexner's serum. He originally thought that it was a specific for the disease. It has since been discovered that it is a very dangerous thing to use. It may in some cases cure, but there is always danger in aggravating the disease and causing death. This covers the drugs which can be used outside of the ordinary fever mixtures and cathartics. The next thing is immobilization. The best thing to use is plaster. Ordinary wooden splints immobilize but they do not prevent deformity. If the back muscles are involved, a jacket or spinal splint can be used. Lovett summarizes the treatment of the preparalytic and acute stage by advocating rest until all tenderness disappears, absence of all meddlesome therapeutics, whether physical or medicinal, and the use of warm baths. This latter is used later in the disease and should be preferably salt baths.

The treatment of the convalescent stage should be under the supervision of an orthopedist. More harm can be done in this stage which will be permanent than good by overtreatment. Mild cases are often better off without any treatment whatever. All they need are warm baths and gentle massage. This massage should be given twice daily, and should last no more than 3-5 minutes each time. The massage which is given three times a week and each sitting lasting one-half to three-quarters of an hour is very injurious and that is the reason that the results before were poor. The muscles are not completely paralyzed. Overmassage fatigues the diseased muscle and whatever life there is left in the muscle is destroyed by this overmassage. Electricity is not in very great favor with many authorities. Frauenthal of New York is a strong advocate of electricity. Braces are unnecessary unless there is extensive paralysis and the patient cannot walk without sup-

port. The brace prevents permanent deformity. It should be discarded as soon as the patient can get along without it. Fresh air and tonics are also part of the treatment. There should not be any overfatiguing of the muscles. The chronic stage is taken care of with braces and surgery.

SUMMARY

1. It is an acute infectious disease caused by an unknown organism, possibly a protozoon, which is so minute as to be hard to isolate, and is probably transmitted by an insect at present unknown.

2. Its pathology is an acute exudative and degenerative inflammation of the spinal cord especially of the anterior horn cells. There is a secondary involvement of the brain.

3. The symptoms resemble any acute infectious disease in the preparalytic stage and a diagnosis is impossible without a spinal puncture.

4. The prognosis as to life and to recovery of the use of the limb varies with the epidemic and depends largely upon the extent of the pathological process and the treatment, the latter especially in the ultimate use of the limb.

5. The treatment in the preparalytic and acute stages is rest and immobilization, prevention of deformity and no unnecessary treatment.

6. During the convalescent stage, the treatment consists of gentle massage, bathing, braces and mild exercises.

7. During the chronic stage the treatment consists of braces, exercises and plastic surgery.

A CASE OF MYOCARDIAL EXHAUSTION PRODUCING ANGINA PECTORIS.*

By D. WARD SCANLAN, M. D.,
Atlantic City, N. J.

The following case illustrates angina pectoris in a patient in whom the physical and laboratory findings are negative. In other words, except for the subjective symptoms, early and late, of angina pectoris, the patient was found on repeated physical examinations by myself and by Dr. David Riesman, to be free of all gross pathological lesions.

The history of the case is as follows:

A gentleman of forty-five years, married, and with six healthy, robust children, ranging in age from infancy to a few years

beyond puberty; which confirms his denial of ever having had leuetic infection; and who is one of the two to ten per cent. who never had Neiserian infection. He began a vigorous struggle for existence in the early teens. Rather early in life he got into, on a large scale, the builders-operator trade. And he has lived this life at a very high tension up to the present time.—a period of thirty years.

Was never sick until 1903, fourteen years ago, when he had typhoid fever. After his recovery from the fever he found that about four o'clock in the afternoon he felt tired out and unable to go on at his usual high pitch. Therefore, he resorted to whiskey as a stimulant. This stimulant enabled him to continue his work, as was his custom before he had typhoid without the use of whiskey. He continued the use of tobacco to excess without any apparent ill effects; and for seven years drank rather consistently, but always without intoxication and without any apparent ill effects.

After seven years of this whipping on of his reserve forces he experienced the beginning of what eventually proved to be part of an angina pectoris.

The first symptoms were a sickening sensation in the epigastrium, mostly after meals, occasionally accompanied by nausea. The nausea became more frequent until after nearly five years of this sickening sensation with nausea, vomiting ensued. This vomiting was relieved by an European trip, but upon his return the sickening sensation not only continued but was accompanied by pain in the epigastrium with radiation to the sternum and region of the heart. Concomitant with the appearance and development of the epigastric symptoms, were occasional cramp-like pains in the calves of the legs, which still continue at irregular intervals.

This brings the case up to the last two years, at the beginning of which period the sickening sensation in the stomach was always followed by severe pains in the region of the precordium, gripping in character, always causing the patient at their height, to remain in the position and place in which they caught him; accompanied by fear of impending dissolution and the remainder of the classical symptoms of angina pectoris. There, however, has never been any radiation into the neck or down the left arm.

The attacks appear to have been brought on after excitement and exertion, as after a business disagreement or argument, after

*Read at the meeting of the Atlantic County Medical Society, held March 9, 1917.

he had presided at a meeting, and occasionally after eating a hearty meal.

The general detailed physical examination revealed a physically normal individual. This includes a heart normal in size, without murmurs, and having a muscular contraction which is normal to all general physical tests. The peripheral palpebral arteries show no evidence of sclerosis. The same negative results apply to all other organs of the body.

Repeated urinary examinations were always negative.

The X-ray report by Dr. Pancoast was negative and reads:

"The examination of the urinary tract was negative. The examination of the chest showed a heart and aorta of normal dimensions. The excursions of the diaphragm were equal.

"There was considerably more fibrosis of lung than is usually found at this age. There were a few scattered small spots in the

region of the right apex suggesting calcification of previous lesions. On the whole there was nothing in the chest examination to account for the patient's symptoms."

Repeated blood pressure tests were normal, ranging around: S., 120; D., 65; P.P., 55.

I believe this to be a case of lowered muscular endurance with muscular exhaustion as the explanation of the symptoms; a case in which gross pathological lesions are not demonstrable and do not enter into the solution of the case. Typhoid toxemia lowered the general muscular endurance and thereby disturbed the normal physiological balance.

Probably this patient, had he worked each day only until he felt the need of rest, and then rested, would have recovered in five or six years his normal muscular balance. But he created a vicious cycle by using a stimulant and thus eventually made worse a general condition in which angina pectoris becomes the predominating feature.

PROCEEDINGS OF THE New Jersey Joint Conference on Tuberculosis

HELD IN THE BOARD OF HEALTH BUILDING, NEWARK, DEC. 5-7, 1916

(Continued from Page 121, March Journal)

December 7th—Evening Session.

The final session of the Tuberculosis Conference was held in the Council Chamber, City Hall, Dr. Ralph H. Hunt, of East Orange, acting as chairman.

The first speaker of the evening was Dr. Haven Emerson, Health Commissioner of New York City, who spoke in part as follows:

Municipal Responsibility in Tuberculosis.

Dr. Emerson spoke, in substance, as follows:

When the outgo is so high and the income of new lives is so promptly affected, the community must decide whether this situation pays or not. A community is very thoroughly infected is unable to compete with other communities. It is but mere justice for a community to help to prevent the incidence of this scourge for which in a great measure it is directly responsible by reason of past neglect of its tuberculous people. There is another reason why municipalities should assume the responsibility of caring for the tuberculous and that is scientific prevention and it is here that public health can score its greatest triumph. The scientific application of preventive medicine is

here shown to be capable of producing definite results. This consists largely in the dissemination of the knowledge of the means of prevention. This makes it a matter not only of the commonest justice but also a humanitarian appeal. A community which taxes itself voluntarily by appeal to private citizens is not undertaking a just taxation and a community which is dependent upon unusual intelligence or philanthropic generosity is not doing justice to the whole community for which the whole community is responsible. The expense of paying for the care of sick people is in the nature of paying taxes. No private individual runs a business in that way. The community organizes a fire and police department for protection against fire and violence to its citizens. It secures itself against thirst and provides for bodily cleanliness by obtaining a proper water supply and sees to it that the water supply is pure. Now if a community takes stock and finds that it is low from loss of life and sickness it must honestly admit that it is paying a higher damage consideration than it does in the case of protection from fire and violence.

The first duty of a community in the tuberculosis problem is to obtain complete and honest registration of births and deaths. This does not apply to 66% of births and 25% of deaths; and when we once have gotten a record of the births and deaths the facts stand out so plainly if you would have honest statement of the cause of deaths, the losses from tuberculosis would then appear to be phenomenal. If one-third of all the deaths occurring prematurely from tuberculosis would be known it would be shown as a blow to the best prosperity. Next is the relief of the dependent poor and the treatment of the dependent sick. There are few citizens so small-hearted or so impecunious that they cannot help a sick person. After a person has become a wreck he can always get help. It takes more than the average person to realize the value of prompt relief in tuberculosis. Up to a few years ago all the sick in hospitals were so mixed that the tuberculous could easily infect people in a run-down condition. It is an acknowledged duty of the community that after a person is sick and dies from sickness that the dependents should be cared for.

Now, just as soon as you have a budget it is well to look around for the main item of expense and you will find that most communities are paying damages instead of insurance. In private life people insure themselves against danger and accident. The individual insures himself against poverty by laying aside something for an annuity in later life. They find it profitable, it pays for individuals and business people and for the same reasons why should not the community and the entire State be operated upon this principle. The community must either pay damages or insurance. The cost of damages does not go down in the balance books in any administration. It is time the administration was gauged to a certain extent by the balance sheet of the Health Department. One large Southern community made a political feature of its health department. Nothing was too good for the Health Department if the Health Officer could show definite results. He was allowed almost any expenditure he might ask for. It was a political asset to the administration. No political organization no matter how corrupt would care to face the community with an excuse of having neglected the public health. Health Departments should not be placed at a taxable basis but be figured as to their efficiency in safeguarding public health; not in dollars

and cents but in the prosperity and purpose of healthy living. One cannot run a municipal business on any other basis than on that of a private family. You will find some families are interested in continuing their existence and prosperity with all the means at their disposal; others again are neglectful of the factors that contribute to their well-being and continuance. The family is the basis of the State. Where a community will not honestly face the failures with regard to its component parts, that community will reflect all the defects and it is a disgrace to its neighbors, and it deserves the condemnation of its neighbors because it endangers the life of its neighbors. It also has its credit impaired. Business and social conditions are so intricate and elaborate that no community can neglect those things which make for public health. Those are the practical reasons for a community going into the business of preventing deaths from tuberculosis. It is a practical thing to do, but a very difficult one. That it has been successfully attacked and to a certain extent diminished cannot be denied.

Then there is the difficulty of making an early diagnosis of tuberculosis. We cannot establish the right of examination of our fellow citizens, cannot establish the right of entering houses for this purpose. Cannot forcibly remove a case of tuberculosis. That right of removal is properly reserved for the police power of the State. Furthermore no individual can say you must build your house in such and such a way. You must maintain a certain amount of room where people work and play and go to school. Only the intelligent agreement of the community can do that. It may establish laws as to the house, factory and industry. It can forbid people to spit in public places, but the individual is powerless under those conditions. The community must establish laws to control that sort of things. Individuals can say that they only buy pasteurized and tested milk but they do not know and are bound to be unwittingly infected. It is best to get away from the selfish point of view, it is bad for the community. That is the reason for our tuberculosis propaganda. It was thought to be a government function of those who see the justice in democracy. But the time has arrived when communities have the right to establish laws for the prevention and treatment of tuberculosis. From the sanitary viewpoint the problem could be better solved if the people were awakened

to the fact of the necessity of sanatorium treatment; there will always be people suffering from pleurisy, bronchitis, etc., but are they as important as those who cast out their tuberculosis bacilli for their neighbors to inhale. The hospital can be made to serve the ends of sanitation, giving relief to suffering and help in the cure.

It seems almost impossible for tuberculosis not to be considered a community problem. When you look into the question of work, present wages, you call attention to the things which are the necessities. The greatest thing in the tuberculosis campaign is the pointing of the finger at affairs as they are and at adverse conditions. The people have been victimized. We have not thought of these things as etiologic factors in the causation of the disease tuberculosis but it has established the truth. There is and should be nothing more obvious, nothing more definite than community action in a community disease. It must be met by measures. Housing conditions should be investigated and modes of contact studied with a view to prevention. I can only add in closing that although tuberculosis has decreased generally throughout the civilized world it has decreased more largely where intelligent systems of notification, diagnosis and prevention have been in force, but it is not always possible to make a distribution of credit. Results may be indirect but they will redound to the benefit of the community.

Dr. Charles V. Craster, Health Officer of Newark, was introduced and discussed this phase of the subject. He said:

The attitude of municipalities towards tuberculosis as a disease may be said to have been influenced by the impression of three eras in modern medical history so ably defined by Chapin.

In the first the feeling was one of "benevolent neutrality" to the discussed question of tuberculosis infection, much stress being laid upon the effects of bad drainage and the absence of proper sewerage in cities as a cause of disease, tuberculosis included. This was the time when Pettenhofer, Parkes and others attributed absolute importance to damp soils and the seasonal levels of the subsoil water as a factor in the health of the people.

The second era followed the discovery by Koch of the tubercle bacillus in 1882, definitely placing tuberculosis in the class of communicable diseases and was noted for the importance placed upon disinfection and isolation, points carried at times to excess

as a preventive measure of disease. We have now arrived at the third era in which our efforts are directed to education of the individual in personal prophylaxis. We in short, instruct the sufferer how to protect himself and his neighbor.

A fact brought home to us with the increasing knowledge of tuberculosis has been the widespread influences concerned in its prevalence, influences apparently touching every aspect of life from childhood to old age. Generally it may be said that evidence of the enormous prevalence of tuberculosis in communities has been furnished us by the observations of pathologists and surgeons. So frequently are signs of the disease found in the human body at autopsies that Calmette of France has stated his belief that about 90 per cent. of all adults are at some time of their life infected with a tuberculous process.

We have been sufficiently impressed with the evidence that tuberculosis prevalence is encouraged by unsanitary conditions in the home, by the absence of sunlight and fresh air or ventilation. The relationship between poverty and low wages and tuberculosis has been proved to our satisfaction, as has also the cause and effect of large families and small houses with the possibility of tuberculosis.

We have been convinced of the effect of alcoholism and dusty occupations as predisposing causes of tuberculosis. The low resistance of children to the human as well as the bovine infection has become evident from statistics. The danger arising from infected milk from tuberculous cows has been definitely established.

It has been increasingly evident that during the whole of human life the individual is exposed to possible infection with tuberculosis and that the duty of protecting the citizens against infection rests with the municipality primarily, and with its individual departments severally. The responsibility of municipalities for the protection of the individual begins with the life of the child, through the years of schooling and industrial occupation.

Responsibility for sanatorium treatment: It must be realized by a city administration that opportunity should be given all suffering from tuberculosis to obtain scientific sanatorium treatment and that this is the only hope of restoration to healthy citizenship. Although we are as yet much in the dark as to the methods of how infection is spread from a sick to a well person, we know that each infective case of tubercu-

losis in a community uncared for and unsupervised is a continuous center for the distribution of the disease, and for whose care the city is directly responsible.

In this State, Boards of Freeholders are required by law to provide sanatorium accommodation for tuberculosis sufferers. In few, if any, of the New Jersey counties can the accommodations provided be considered adequate for the cases of even advanced tuberculosis needing sanatorium treatment. In Newark alone it is estimated that 8,000 cases of tuberculosis exist to-day. To provide for this army of sick there is a county accommodation of only 96 beds. The want of proper sanatorium accommodations results in there being thousands of cases of tuberculosis walking about our city streets, attending our dispensaries, or being indifferently treated at home, who are urgently in need of proper sanatorium treatment. What to do with the surplus of tuberculosis cases over and above the accommodations provided is a municipal problem in need of solution.

Tuberculosis is a disease requiring very special lines of treatment such as cannot be satisfactorily given in general hospitals. Either our County Board of Freeholders must be made to realize their responsibility to the cities or the cities shall themselves provide sufficient sanatorium treatment for the tuberculous within their borders and apply to the Legislature for a similar State assistance as that granted to the county institutions.

Visiting Nurses: Although it is important that tuberculosis be officially reported to Board of Health by physicians, this information is useless except for statistical purposes unless a municipality adopts an adequate visiting staff of nurses for the special supervision of home cases and for the proper follow up as well as making of proper arrangements for support in every case in indigent circumstances.

Poverty and Tuberculosis: The intimate association of poverty with tuberculosis is familiar to all workers in the field. This association is not so much a cause as an effect of the prolonged stages of the disease, the sufferer graduating from one stage to a lower one in the scale of living as his strength decreases and his earning power wanes. Who shall provide for the family and dependents of the tuberculous is perhaps the greatest problem in the tuberculosis situation of to-day. Unless there are private means the acceptance of sanatorium treatment for sufferers means the breaking

up of households and the loosening of family bonds. Such prospects are naturally a source of anxiety to the tuberculous wage-earner and is the main reason for his refusal of sanatorium treatment even when it is offered free by a municipality, this refusal being frequently adhered to until the sufferer has reached the last stage of the disease.

Heiser has stated that tuberculosis has been nearly eradicated in Australia by a system by means of which every tuberculous individual is required to undergo proper treatment, the municipality assuming charge of the family and dependents until such time as the wage-earner returns. The adoption of some form of State Health Insurance for the worker will ultimately solve the problems of poverty and the tuberculous. At the present time the relief of the indigent tuberculous family and dependents by the municipality is honored more in the breach than in the observance.

Some improvement in this respect could, perhaps, be effected by the adoption by the municipality of a well-organized and co-ordinated programme of co-operation between city departments and the various private charity and relief organizations. There should also be a better understanding with regard to relief work for tuberculous families among the various municipal departments, particularly the Departments of Health, Poor and Alms, Police and Education. Supervision and assistance would be much more efficient with co-ordinated action in cases needing immediate assistance.

It is evident that during the whole of human life the individual is exposed to possible infection with tuberculosis. The responsibility of municipalities is not alone related to the matter of prevention and the effective enforcement of the tuberculosis laws but also to a thorough understanding of the claims of the citizens for social and economic protection following infection.

"Public Health is purchaseable" and it is the fuction of the municipality to purchase to the limit of its means the good health of the community over which it is the guardian.

In the discussion which followed the reading of the various papers the general tenor of the reports of Health Officer from the various municipalities answering the query "what are you doing in your home town," brought forth the unanimous opinion that the activities of the Health Officers was too limited due to the lack of funds, failure on the part of the State and municipal officials to realize the gravity of the

menace of tuberculosis, and the absence of a thorough appreciation and education with regard to the prevention of tuberculosis on the part of the general public.

Dr. F. H. Edsall, Health Officer of Jersey City, stated "Jersey City as a municipality is not doing very much in tuberculosis work." The Health Officers of Montclair, Summit, the Oranges and other towns gave expression to the same sentiment with regard to sanatorium provisions, methods of supervision and prevention.

Dr. W. H. Park, Director of the N. Y. City Health Department Research Laboratories, was introduced and spoke on:

"The Relation of the Milk Supply to the Tuberculosis Problem."

Beginning with the discovery of the identity of the bovine with the human bacillus, Dr. Park described it and told of what had been accomplished in the way of getting a pure milk supply, and the high incidence among children of the bovine tuberculosis and stated that all herds are more or less affected by the bacillus, but this does not furnish a cause for fear as the methods of pasteurization now almost universally employed furnish a most reasonable safeguard against infection from the milk supply. At the time when there was such an outcry against the certified raw milk many people who claimed their children were infected through the use of such milk, they were through bacteriological examination of the cultures convinced that in most cases the disease was of human origin.

(Continued next month.)

County Medical Societies' Reports

ATLANTIC COUNTY.

Byron G. Davis, M. D., Reporter.

The regular March meeting of the Atlantic County Medical Society was held at the Hotel Chalfonte, Atlantic City, Friday evening, the 9th. An exceptionally large representation of the society and many visitors were present. On motion the visitors were made members for the evening.

Dr. D. W. Scanlin of Atlantic City opened the scientific program with a report of an unusual case of angina pectoris.

Dr. Lewellys F. Barker of Baltimore delivered a most interesting address on "Internal Secretions."

Dr. Barker's remarks touched especially upon the relation of the internal secretions to agenitalism, hypogenitalism and hypergenitalism. The various types in each classification were beautifully illustrated by lantern slides.

Dr. George W. Crile of Cleveland read a concise, instructive paper on "Certain Borderline Problems; Cholecystectomy vs. Cholecy-

stomy, and Points in Technique; Treatment of Gastric and Duodenal Ulcer; Relation of the Thyroid to Graves' Disease."

Dr. Crile, in speaking on gall bladder operations, and basing his ideas on 1161 personal operations on the gall bladder and duct, brought out in a very brief and emphatic manner the following points of interest:

A very small stone may produce unbearable pain; an enormous stone may produce little or no pain; massive stones may have eroded their way into the intestine or almost anywhere; the common duct may be dilated to the caliber of the duodenum; the common duct, on the other hand, may be the thickness of string.

Earlier, Dr. Crile said, surgeons tried to save all gall bladders, excising only after relapsing cases, while now, it is thought advisable to remove the gall bladder at the time of removal of the stone. In infected cases, in advanced age, in obesity and where there is free pus present, drain only. In cases where the condition of the patient is not good a secondary operation may be required.

In discussing gastric and duodenal ulcer, Dr. Crile said that in his experience they were not so definitely cured as gall bladder disease. He believes that medical treatment should have a fair trial before surgical intervention. The patient gets out of it just what the medical man puts into it, therefore the treatment must be constant, conscientious and co-operative with complete control over the patient. If medical measures fail then resort to surgery, but always follow the patient after the operation. The diagnosis between ulcer and cancer in most cases cannot be made before operation.

Dr. Crile brought out a very interesting point relative to hemorrhage from a gastric or duodenal ulcer. The medical treatment of hemorrhage by the administration of those remedies which have as their object the formation of a clot at the point of bleeding either by direct action at the point or by increasing the coagulability of the blood, or both, is favored when the blood pressure is low. If the blood pressure is high the danger of fatal hemorrhage is great because the possibility of clot formation is less. We see then that the logical time to use remedies that favor the formation of a clot at the point of hemorrhage is when the blood pressure is low—this is best at the "fainting point" which may be produced if necessary.

Dr. Crile next spoke of the thyroid gland, his conclusion being based on 2,030 goiter operations. Three facts he found conclusive in his experience: (1) That in every instance there was some enlargement; (2) histologic changes were constant; (3) resection either cured, improved or arrested the progress of the disease. The reasons given for the relapses or return of symptoms which in no case were as severe as the original trouble, are as follows:

(1) Psychic Drive—A patient loses a position of importance or trust; a patient dies and a daughter becomes suddenly dependent upon herself; sickness and death in a family; other misfortunes. (2) Acute infection following the operation. (3) Intestinal autointoxication.

(4) Pregnancy, sometimes with marked relief after the delivery. (5) Adolescence.

The result of the operation depends upon the environment stimuli during recovery and in later years. This may be either external stimuli or internal stimuli. The speeding up of the brain, adrenals or thyroid speeds up the whole mechanism, and believing that the condition is due to lesions external, somewhere, to the thyroid itself, and only expressed through the thyroid, the stimulating or speeding up factor must be removed as well as part of the gland.

Dr. Crile then showed moving pictures illustrating the technique of operation on the stomach.

ESSEX COUNTY.

Richard J. Brown, M. D., Reporter.

The scientific meeting of the Essex County Medical Society was held Thursday, March 22nd, in the Board of Health Auditorium, Newark.

Emanuel Libman, M. D., of New York, delivered the lecture. His subject was "Bacterial Endocarditis," and was accompanied by an elaborate exhibit in illustration of the pathology of heart lesions. This collection is one of the finest in the world and was demonstrated by members of the Mount Sinai Hospital, New York City, staff.

The cause he stated to be: Rheumatism, syphilis, arteriosclerosis, congenital diseases and trauma. The acute bacterial endocarditis is usually due to streptococcus, pneumococcus or the gonococcus. The sub-acute is the more common type and is due in 95 per cent. of cases to the non-hemolytic streptococcus. This is usually the fatal type. Streptococcus viridans is not a rare type and not in itself a virulent organism, but pieces of organized fibrosa are thrown off in the blood stream.

The onset is insidious, chills sweating, increasing anemia, emaciation, emboli, petechia and purpura. Temperature may be low at first or may disappear a week before death. The cardiac symptoms are due to: (1), Weakness of heart muscle; (2), pieces broken off from valves. Acute pericarditis is rare.

The pulmonic symptoms: There may be a cough at the onset which may be due to enlarged lymph nodes at the bifurcation of the trachea and cause a cough due to presence of pneumonia. Bronchitis or infarcts may occur.

The kidney symptoms are very important. Lesions of the glomeruli are present, due to groups of bacteria. Casts and albumen and red blood cells may appear in the urine; the spleen is enlarged, may have infarcts. Gastric symptoms may be prominent.

The blood shows a progressive secondary anemia; the hemoglobin may fall to 15 per cent.

The petechia, which may be light or dark red, have a light center which proves an embolism. They are best found in the buccal mucous membranes, also the conjunctival mucous membranes and in the supra-clavicular fossa.

Tender embolic cutaneous nodes (Osler) are pathognomonic of the disease and are best found in fingers.

Embolic aneurisms are caused by infection of the wall of the vessel by bacteria. The

intima is cut off sharply. These aneurisms are frequent in the brain and may cause emboli anywhere in the body. Tenderness of the sternum occurs late in the disease. There may be joint swellings in some cases. The causes of death are usually exhaustion, coma, aneurism and pneumonia.

Dr. C. R. O'Crowley of Newark delivered the annual address before the Philadelphia Genito-urinary Society, January 22, 1917, his subject being "Teratoma Testis."

The anniversary discourse of the Academy of Medicine of Northern New Jersey was given by Dr. J. Bentley Squier, professor of urology. Post-Graduate Hospital, New York, March 21, 1917. The meeting was held in the Board of Health Auditorium, Newark. His subject, "Surgery of the Kidneys," was elucidated by moving pictures.

The William Pierson Medical Library Association met March 20, 1917, in the Library rooms at Orange. Dr. Foster Kennedy of New York City, addressed the meeting. His subject was "Diagnosis of Brain Tumor." Lantern slides were used in illustration. Dr. Mefford Runyon presided.

The Medical Section of the Academy of Medicine met March 13 at the Board of Health Auditorium, Newark. The subject was "Thyrototoxicosis."

Dr. John W. Gray illustrated the pathology with lantern slides.

Dr. Jesse D. Lippincott described the symptomatology; Dr. H. B. Epstein described the treatment. The discussion was opened by Drs. Chas. E. Teeter and Victor Parsonette.

The Academy of Medicine of New Jersey, under the auspices of the Section on Surgery, was addressed on March 27 at the Board of Health Auditorium by Dr. Frank M. Donahue of New Brunswick. His subject was "Gall-Bladder Infections." He discussed the modes of infection, symptomatology, diagnosis and treatment, strongly advocating that when the gall-bladder was found diseased it should be removed. The paper was intensely interesting and instructive and brought out a very lively discussion which was participated in by Drs. Strasser, Hawkes, Hagerty, Sutphen, Gauch and Reissman.

GLOUCESTER COUNTY.

Howard A. Wilson, M. D., Reporter.

The regular meeting of the Gloucester County Medical Society was held at Paul's Hotel, Woodbury, March 15. An instructive paper by Dr. George Erety Shoemaker of Philadelphia, on "Some Gynecological Problems Met in General Practice," was very helpful and practical and elicited considerable discussion.

Major C. W. Shivers, chief of Woodbury Fire Department, was present and demonstrated the lung motor recently purchased by the city.

A communication was received from Dr. Marvel, President of the State Medical Society, requesting the Society to appoint a committee to confer with like committees from other county societies with reference to the advisability of establishing a maternity hospital in each county. On motion the communication was received and Drs. H. A. Stout, S. F. Ashcraft and H. A. Wilson were appointed on that committee.

After adjournment the society was happy to

entertain at dinner Dr. Shoemaker and Dr. Geo. M. Laws of Philadelphia and delegates from the Camden, Cumberland and Salem County societies.

HUDSON COUNTY.

Paul Andreae, M. D., Reporter.

The sixth regular meeting of the Hudson County Medical Society was held at the Carteret Club, Jersey City, on March 6th, at nine P. M., Dr. H. J. Bogardus presiding.

Drs. Binder, Reingold, Quadagri, Chayes, Lackwood and Mara were elected new members.

The society was very graciously invited to attend a reception given by the Jersey City Druggist's Association, held at the Down Town Club on Thursday evening, March 29th.

Dr. Birdsall cited many cases of acetanilid poisoning due to counter dispensing of popular cold remedies, one case proving fatal—due to acute dilatation of the heart.

Dr. Henry Spence described a peculiar epigastric tumor in an elderly man with advanced arterio-sclerosis, the nature of which was undetermined. Spleen? Stomach? Progressive enlargement? Was freely movable with distinct borders. Laboratory findings were negative; physical examination, motion of thorax negative.

The paper of the evening by Dr. J. H. Rosenkrans of Hoboken was very interesting and educational. "The Historical Evidence of the Origin of Syphilis." In it he proves quite convincingly that syphilis did not originate in the United States but was prevalent in Europe long before the time of the discovery of America. In all it was very gratifying to us to be free from charges of the origin of this disease that is so prevalent in all countries in the world.

MERCER COUNTY

Enoch Blackwell, M. D., Reporter.

The regular monthly meeting of the Mercer County Component Medical Society was held in the commissioners' chamber of the Municipal Building, Tuesday evening, March 6th. The meeting was called to order by the president Dr. Funkhouser.

Dr. P. Brooke Bland of Philadelphia addressed the society on "Gonorrheal Infections of the Fallopian Tubes," and his paper was certainly well received. He brought out many very startling facts concerning the disease. He began his paper by speaking of the dangers of this terrible disease which attacks about 85 per cent. of our boys and 25 to 35 per cent. of our girls. He told how this disease has been associated with human race as far back as history itself goes, Moses having spoken of it in the 15th chapter of Leviticus. He thought the fact that all other infectious diseases were isolated while this terrible scourge which is far worse is allowed to go unchecked. According to his statistics 60 to 75 per cent. of all pelvic diseases were of gonorrheal origin.

Treatment of the disease was next referred to and to-day the most successful treatment was directly opposite to our teaching of a few years ago, Conservatism now being the proper course to take.

The discussion was opened by Dr. H. B. Cos-

till in which he brought out the economic phase of this problem and stated that it would only be properly controlled when it was taken up as a purely economic problem.

Dr. E. Barwis spoke of the early education of our youth as to the danger of the disease and getting rid of a lot of false modesty. Dr. H. D. Bellis then took up the radical change in the treatment of the disease.

Dr. Bland closed the discussion by comparing the awful ravages of the disease to the ravages of alcohol and mentioned the fact that \$3,000,000,000 were spent annually on venereal diseases, besides incapacitating so many people at the most useful and productive stage of their lives. The cost of venereal diseases being 12 times the annual revenue of the Pennsylvania R. R.

A rising vote of thanks was given Dr. Bland by the society.

Dr. H. R. North was temporarily elected treasurer of the society in place of Dr. Shepard, deceased.

Some of the members who were not present at the last meeting again started a discussion on the fee proposition and asked that a minimum fee be established, but no action was taken, as a majority decided to let the matter rest for the present; that each man should decide how much he could justly charge his patients and that all could advance their fees at least 50 per cent. as the article published in the daily papers had led the people to expect some advance in the fees.

MIDDLESEX COUNTY.

The report came too late for insertion in this month's Journal. We note that the following were appointed as the Auxiliary Medical Defense Committee: Drs. F. M. Donohue, D. C. English and A. L. Smith, New Brunswick; Drs. J. G. Wilson and F. C. Henry, Perth Amboy, and Dr. C. A. Hofer, Metuchen.

(See Dr. Dickinson's communication in editorial columns.—Editor.)

MORRIS COUNTY.

E. Moore Fisher, M. D., Reporter.

The Morris County Medical Society held its regular meeting at the Mansion House, Dover, on the evening of March 13, 1917. After roll call, a resolution was offered that a committee draw up a suitable set of resolutions regarding the death of Dr. Eliot Gorton of Summit.

Dr. Clifford Mills introduced a resolution that a committee be appointed to ascertain the extent of syphilis in Morris County and to suggest means of combating this disease, the committee to report at the next meeting.

Dr. Harry Vaughan gave a brief talk on "Eye Tension," its diagnosis and the probable causes of increased tension. He said that in some cases eye tension was present where the blood pressure was not increased, though they might be associated. He said that glaucoma was not caused by high blood pressure but this condition would often cause glaucoma to persist. Before closing the doctor gave several demonstrations of tomometer, including Gradle-Schiotz, which he considered the best for those engaged in treating diseases of the eye.

Dr. L. D. Bulkley of the Skin and Cancer Hospital of New York then made an address on "The Real Cancer Problem." The doctor

opened by stating that this was a serious question as the deaths per 100,000 in the United States had risen from 63 in 1900 to 81.7/10 in 1915. He felt that the study of this condition along biochemic lines would be followed with more hope of success than the continuation of treatment after microscopic examination. The doctor said the deaths in the United States were about 80,000 per annum and the life of persons suffering from cancer about three years; and that there were at least 250,000 cases of cancer in the United States. In discussing the problem Dr. Bulkley said that he considered carcinoma of the breast to be only a product of the disease and not the disease itself. He felt that there was a systemic condition which began with changes in the bone cells and was followed by changes in the composition of the blood before any nodule could be discovered. He said that cancer was now not thought to be either contagious or infectious and that it was not likely due to micro-organisms as there was no concurrence in the cause reported by various observers; that while traumatism might cause carcinoma it was never wholly due to this cause. It was never shown to be hereditary in appreciable degree. Occupation was never followed by cancer, though it was seldom found in day laborers or miners and generally found in those who followed sedentary pursuits. Cancer is not altogether a disease of old age and is not caused by any particular location or climate. He felt that the causes were due to dietary and nutritional element. In rats which were injected with cancer cells, those fed on an ordinary laboratory diet were found to have tumors in 75 per cent., while similar tumors were present only in 19 per cent. in rats fed on food that contained practically no protein. The only conditions that the doctor felt were positive in all cases were first, that in the local mass the cells showed deviation from normal; there was a plurality of cells of changes in the condition of the nucleus; these led to changes in metabolism, which could be proven in the blood of conditions where cancer was advanced; the secretions and excretions showed early changes, the saliva being always acid. Cancer cells secrete a substance which might be described as a hormone and which was always poisonous when injected into the lower animals. The control of diet showed improvement in the treatment of cancerous mice and rats; this was sufficient to make him think that the condition was of constitutional origin and should be treated from its medical aspect.

The doctor said that cancer was increasing throughout the world but was rare, if not entirely absent, among the aboriginal races whose food was principally vegetable. In these races cancer becomes more common when they began to use diet such as is used in civilization. Cancer was almost unknown among negroes before the Civil War and is rare at present in the South. The increase in the use of meat, coffee and alcohol nearly always is followed by an increase of cancer. In the past few years, before the war, the use of meat in England had doubled and the amount of cancer had quadrupled. In Holland, where most coffee per capita was used, cancer was very prevalent. In Austria-Hungary, where

little coffee was taken, there was very little cancer. This was easily explained when it was remembered that caffeine had the same chemical formula as urea. Long continued nerve strain was occasionally followed by carcinoma. Where cancer was deprived of blood by means of ligature the ensuing starvation often led to disappearance of the cancerous mass. The doctor considered that medical treatment of cancer consisted of a vegetable diet and thorough mastication and he advised his patients to eat all their food with a fork, which insured their eating more slowly. He gave his patients very little sugar and deprived them entirely of milk and eggs, coffee, cocoa, chocolate and alcohol in every form. He allowed a little melted butter to make the foods more palatable. He advised the intake of five pints of water during the day, which should be cold but should not contain ice. There was always a deficiency in the amount of urine excreted after cancer had been present for any length of time. Together with these dietary measures the doctor uses acetate of potassium continued for a long period of time. Thyroid extract was occasionally useful.

The doctor's paper led to a good deal of discussion and among those entering into this were Drs. Mills, Flagge, Lewis and Foster. They were not able to give any experience with the doctor's method of treatment and did not feel that the time was yet ripe to discontinue totally the use of surgical measures as the doctor recommended.

Dr. Bulkley in closing stated that in the thirty years he had been interested in cancer his first attention was called to this possible method of treatment by the fact that nodes in the breast disappeared under this procedure while the patient was being treated for other conditions. Following this line he had seen some remarkable cures, several of which he cited and said that in the past fifteen years he had seen only eight cases that did not improve and in which he considered surgical measures necessary. He felt that even if the surgeons did continue to operate it would be a great step forward if all their cases were treated along the lines he described for a number of years after the operation so as to prevent any possible recurrence and if the condition were a systemic one, as he believed, to totally eradicate the cause.

Local Medical Societies' Reports

Morristown Medical Club.

E. Moore Fisher, M. D., Reporter, Morris County Medical Society.

The Morristown Medical Club held its regular meeting on the evening of February 28th at the Field Club, 183 South street, Morristown, N. J. They were the guests of Dr. Geo. H. Lathrope.

Dr. H. A. Henriques presided over the meeting which was well attended by the members. Among the guests present were Dr. Costello of Dover, Dr. MacMurtrie of Mendham and Dr. E. F. Srygley of Greystone Park. Dr. Frank H. Pinckney of Morristown was elected to membership in place of Dr. F. M. Mikels, resigned.

The host read the paper of the evening, taking for his subject "Fatigue as an Early Symptom." The doctor proceeded first to describe the physiology of fatigue and spoke of the experiments used in laboratories to determine fatigue. He said that most of the fatigue was due to catabolic products of glycogen metabolism generally from the muscles and consisted of ammonopotassium phosphate, carbon dioxide and sarcolactic acid. It could then be more or less safely said that fatigue was due to a lack of carbohydrate intake and the presence of poisonous materials from the muscles which either remained there or affected other organs of the body. The nerve trunks were themselves incapable of fatigue, which could be proven in various experiments. There was, however, an undoubted effect of fatigue poisons on all organs of the body and on the nerve cells, as shown by the shrinkage of the nissl bodies and changes in the synaptic membrane of the end plates of the dendrites. In describing the pathological conditions which cause fatigue and which more necessarily came under the physicians' attention, as it is highly improbable that anyone would consult a physician for relief from a fatigue which the body could throw off either by ingestion of carbohydrates or refreshing rest, the doctor divided the conditions which produced fatigue into ten groups: The first one, due to chronic infections, including conditions due to tuberculosis, diseased tonsils and carious teeth; the second group, those due to heart strain or over-strain, and in these he included the chronic infections such as those due to alcohol and tobacco; the third group he thought due to hyperthyroidism, in which condition fatigue was often an early pronounced symptom; his fourth grouping were those where there was intestinal toxemia, this being especially noticed when pregnancy was an added complication. The following three groups were closely associated and were those conditions due to chronic arteriosclerosis, chronic kidney disease and chronic liver disease. The three remaining groups that the doctor mentioned were glycosurias, malignant neoplasms and the anemias. In describing these groups he reported cases which showed how fatigue had been a prominent early symptom complained of. Neurasthenia was not so common a diagnosis by the speaker as before he studied the various diseases in which fatigue was a prominent symptom.

Among those joining in the discussion were Drs. Douglas, Owens, Glazebrook, Fisher, Flagge, Lewis, Horn and Vaughan. Several showed instances where fatigue had been a symptom in early infections and in several diseased glandular conditions not mentioned by the doctor. It was also thought probable that fatigue which was associated with a chronic infection was not always remedied when the chronic infection had been done away with. The feeling of fatigue due to hay fever was mentioned and thought to be possibly due to acidosis and the question was raised whether improper posture might not be a cause of fatigue.

The doctor in closing the discussion said that he realized that there were causative agents which had not come under his observation and answered many questions which arose from his very able address.

At the social session following the scientific meeting everyone appreciated the appetizing repast furnished by Dr. Lathrope.

(The paper has been promised for publication in the Journal.)

The reports of the March meetings of the Morristown Medical Club and the Clinical Society of the Oranges were received after the Journal's make-up was completed. They will appear in next month's Journal.

Reports and Notices of Other Meetings

"New Jersey Pathological and Anatomical Association of Jersey City."

This new medical organization has come into existence to fill a need. The development of interest in pathology and the study of anatomy by dissecting in New Jersey has received new impetus in the establishment of the Dental Department of the College of Jersey City, which has received such encouragement that the number of students has exceeded all expectations and the demands for dissecting material to supply the needs of the department of anatomy have so taxed existing resources (the New York colleges which at first agreed to furnish facilities for these Jersey students) that new provision had to be found, and a society was formed for the sole purpose of studying by means of human dissection patterned on that in Essex County which was the first (and only?) one in the State. The law under which it is done is "An act to provide for the Incorporation of Pathological and Anatomical Associations for the advancement of Medical and Surgical Science" P. L. 1917 p. 587. The incorporators are the following medical practitioners of New Jersey: Drs. John J. Mooney, Frank W. Pinneo, Paul O. M. Andrae, Frank Bortone, Seth B. Sprague, Jos. Koppel, William Freile and John Willis, Jr. The announced "purpose for which the association is formed is the advancement of medical and surgical science by means of pathological and anatomical study, including the taking and removing of dead human bodies from any and every alms house, prison, morgue, hospital or other public institution of any county in this State required to be buried at public expense, and to use the said bodies for the advancement of medical and surgical science, the said bodies to be taken and removed as is provided for in paragraph 8 of chapter 247 P. L. 1907." The officers of the association are: President, Dr. John J. Mooney; vice-president, Dr. Frank W. Pinneo; secretary, Dr. Seth B. Sprague; treasurer, Dr. Frank Bortone; trustees, one year, Dr. S. B. Sprague, Dr. William Freile; two years, Dr. Joseph Koppel, Dr. J. J. Mooney; three years, Dr. F. W. Pinneo, Dr. F. Bortone. The staff teaching anatomy in the College of Jersey City for the uses of which the association was organized are: Professors, Dr. John J. Mooney and Dr. Frank W. Pinneo; instructors, Dr. Frank Bortone, Paul Andrae and B. S. Sprague.

Army Medical Officers Organize in New Jersey.

On March 28th, there assembled at the First Regiment Armory, Newark, N. J., members of the Medical Reserve Corps of the

United States Army, for the purpose of organizing a New Jersey Division of this association.

The necessity for such an organization seems particularly marked, especially at this time when doctors' services are so much needed in the mustering of the contemplated forces now being assembled.

A most interesting address was delivered by First Lieutenant Reynold Webb Wilcox, ex-president of the New York State Division, stating thoroughly the duties and purposes of the contemplated organization.

The following officers were elected: First Lieutenant David A. Kraker, Newark, N. J.; president; vice-presidents, First Lieutenant Martin W. Reddan, Trenton, N. J.; First Lieutenant James L. Evans, Woodcliff, N. J.; First Lieutenant H. S. Martland, Newark, N. J.; First Lieutenant Joseph MacDonald Jr., East Orange, N. J., secretary; First Lieutenant Ambrose F. Dowd, Newark, N. J., treasurer.

The following councilors were elected: First Lieutenant A. A. Strasser, Arlington, N. J.; First Lieutenant D. H. Crawford, Newark, N. J.; First Lieutenant D. B. Street, Jersey City, N. J.; First Lieutenant W. J. Condon, New Brunswick, N. J.; First Lieutenant J. H. Carlisle, Passaic, N. J.

Those physicians in the State of New Jersey who desire to join this corps may apply to any one of the above officers when the necessary blanks will be furnished them.

Course of Lectures to Midwives.

The following course of lectures was adopted for 1917 by the Midwifery Association, in co-operation with the Newark Department of Health, to be given the first Thursday of each month, except July and August, in the Auditorium of the Board of Health, as follows:

February, Dr. Florence E. Voorhess, on Pregnancy and Prenatal Care; March, Dr. Nathaniel G. Price, Pelvimetry and External Examination; April, Dr. William S. Disbrow, Legal Regulations for Midwifery Practice; May, Dr. Edward J. Ill, Importance of Prompt Recognition and Repair of Perineal Lacerations; June, Dr. John F. Hagerty, Asepsis and Antiseptics—Preparation and Use; September, Dr. Herman C. H. Herold, Jr., Care of Premature, Immature or Apparently Lifeless Infants; October, Miss Agnes Keen, Preparation of Patient and Room—(Demonstration at City Hospital); November, Dr. Elmer G. Wherry, Maternal Nursing; December, Dr. Augustus J. Mitchell, Management of Normal Labor.

Academy of Medicine of Northern New Jersey.

The monthly stated meeting will be held in the auditorium of the Newark Board of Health Wednesday evening, April 18, at 8.45 o'clock, when the annual election of officers will take place and a paper will be presented by Dr. Ellsworth Eliot of the College of Physicians and Surgeons, New York City.

The Section on Pediatrics will meet on Thursday, April 5, at 8.45 P. M., when officers will be elected and cases will be reported. It will be a clinical meeting.

The Section on Medicine will meet on Tuesday, April 10, at 8.45 P. M. A chairman and secretary will be elected. There will be reports of cases and a paper by Dr. Edward D. Fisher, professor of nervous and mental dis-

eases, University and Bellevue Hospital Medical College. Discussion by Drs. C. C. Beling and W. H. Hicks.

The Section on Eye, Ear, Nose and Throat will meet on Monday, April 23, at 8.45 P. M. Election of chairman and secretary. There will be reports of cases and a paper, to be announced by postal card.

The Section on Obstetrics and Gynecology will meet on Tuesday, April 24 at 8.45 P. M. Election of chairman and secretary. There will be reports of cases and a paper to be announced by postal card.

National Association for the Study of Epilepsy.

A meeting of this association will be held at the State Village for Epileptics at Skillman, N. J., on May 28 and 29. This association is composed of superintendents, members of the staffs, boards of managers and other officers of the various epileptic institutions throughout the United States. Any person interested in the care and treatment of epileptics is eligible for membership.

A cordial invitation is extended to all such persons to attend this meeting, further notice of which will appear in our May Journal.

New Jersey Conference of Charities and Correction.

Community Problems is to be the subject of this year's conference which is to be held in Montclair April 29 and 30 and May 1st. The opening meeting will be held in the First Congregational Church on Sunday evening, April 29. Governor Edge will speak. Monday morning the general topic will be "Child Welfare." Afternoon topic, "Health and Housing." Monday evening topic, "Social and Health Insurance." Tuesday morning topic, "Family Problems." Tuesday afternoon topic, "The Immigrant." Able speakers will present papers and addresses under these several topics.

Miscellaneous Items.

IMPORTANT NEW LAW

Against Unlawful Marriage and Unlawful Intercourse.

LAWS OF 1917

Chapter 23.

A Supplement to an act entitled "An act for the punishment of crimes" (Revision of 1898), approved June fourteenth, one thousand eight hundred and ninety-eight.

BE IT ENACTED, BY THE SENATE AND GENERAL ASSEMBLY OF THE STATE OF NEW JERSEY:

1. Any person who, knowing himself or herself to be infected with a venereal disease, such as chancroid, gonorrhea, syphilis or any of the varieties or stages of such diseases, married, shall be guilty of a misdemeanor.

2. Any person who, while infected with a venereal disease, such as chancroid, gonorrhea, syphilis or any of the varieties or stages of such diseases, has sexual intercourse, shall be guilty of a misdemeanor.

3. This act shall take effect immediately.

Approved March 14, 1917.

THE JOURNAL

OF THE

Medical Society of New Jersey

APRIL, 1917

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

DAVID C. ENGLISH, M. D., Editor,
New Brunswick, N. J.

Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL should be addressed to

AUGUST A. STRASSER, M. D., Arlington, N. J.

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THE 151st ANNUAL MEETING

OF

THE MEDICAL SOCIETY OF NEW JERSEY

WILL BE HELD IN THE

HOTEL CHELSEA, ATLANTIC CITY
ON

Monday, Tuesday and Wednesday
June 11—13, 1917

The House of Delegates will meet on Monday, June 11, at 2.30 P. M.

The First General Session will be held on Monday Evening at 8.30 P. M.

The Annual Meeting will close with the Banquet on Wednesday Evening in the Hotel Chelsea at 7.30 o'clock.

SPECIAL ATTENTION IS CALLED

to the action of the State Society at the last annual meeting requiring that the Reports of the Treasurer, the Judicial Council and of the following named Committees shall be published in the May Journal:

**Committees on
Publication,
Legislation,
Public Hygiene and Sanitation,
Public Health Education.**

The Treasurer and Chairman of the Judicial Council and the Chairman of each of

the above-named Committees are requested to send their reports to Dr. D. C. English, Editor of The Journal, New Brunswick, N. J., not later than April 20, 1917.

ATTENTION.

The attention of our readers is called to the reading matter and reading notices in the advertising section of this and future journals. These will serve a double purpose. Those who will do us the courtesy of looking for the same will be rewarded by an occasionally really good joke, such as only our editor can cull from the funds of humor at his disposal, but they will so have their attention called to the various advertisers who are patronizing our Journal in larger numbers than ever before, and who for that reason, especially when added to the fact of their superior line of goods and facilities deserve our interest to say the least. We shall also take occasion at times to announce newcomers or changes in policies. We invite constructive criticism and co-operation, to the end that we may show results not only to the State Society but to our patrons, who will thus be encouraged to help us further. A short letter of inquiry, an order if in need of anything, especially if the Journal is mentioned will redound to mutual advantage and be highly appreciated by our advertisers.

Therefore, do not fail to glance through our advertising section and if not for the pocketbook's sake, do us the courtesy, at least this month, of reading over the notices we have prepared. A. A. S.

OUR SOCIETY'S PATRIOTISM— PAST AND PRESENT.

We have refrained from discussing editorially, or admitting discussion in the Journal concerning the responsibility for and the methods of conducting the terrible war abroad, and of our Nation's relation to it, through our profession has had a large share in the splendid work done in mitigating the sufferings and saving the lives of multitudes of the victims of that war. But now, if our Nation, against its will and in spite of its efforts to prevent, is drawn into the conflict, the members of our profession with all other loyal citizens should show their patriotism, as the National honor is involved and the Nation's welfare and life is endangered.

The Medical Society of New Jersey, from its earliest days, has had a record that is unique in its regard for loyalty to "the powers that be." For ten years before the

birth of our Nation, it recognized kingly power and practically taught respect for it by the following action taken in 1771:

At a meeting of the New Jersey Medical Society held at Princeton, November 9, 1771, the following action was taken:

"Dr. ———, a member of this Society, having fallen into a most criminal deportment as a public delinquent and offender against the dignity and majesty of our most gracious King and Sovereign, a motion was made and seconded, in consequence of which, the Society unanimously agreed to expel from this board the said ——— as a person really scandalous and altogether unworthy the notice of its members."

When the oppression of the people under that government became unbearable, our Society's members engaged so actively in the Revolutionary War that this Society was compelled to suspend its meetings during the prosecution of that war, as is shown by the following report of the action of the Society after the close of the war:

At a meeting of the Society held at Princeton, May 7, 1782, Dr. John Beatty presented the following report of the committee appointed at the previous meeting—November 6, 1781, to report the state of the Society since the year 1775:

"That with regret we observe the vacation of six years in the Journal of the Society; and to prevent any reflections which might arise, unfavorable to its representation in the minds of uninformed or disingenuous persons, it is thought necessary to assign here the cause and reason of this suspension in medical erudition.

"The war (which has been productive of the happy Revolution in America) having claimed the attention of all ranks of Freemen, most of the members of this Society took an early decided part in the opposition to British tyranny and oppression, and were soon engaged in the civil or military duties of the State. Added to this, the local situation of the war (the scene of action being chiefly in this and the adjoining States), rendered an attendance on the usual stated meetings, not only unsafe but in a great measure impracticable, from the scattered and distant residence of the members. Sensible, however, that improvements which would do honor to the most elevated understandings, are oftentimes hit upon by men of more confined abilities, and that in medicine, as well as in every other circumstance of life, it is our duty to avail ourselves as much as possible of all discoveries tending to the common benefit; as soon as sufficient order and harmony was restored to civil government and society, a convening of the members was deemed necessary and proper; as well to re-establish it upon its former liberal and reputable principles, as to place it under the patronage of the authority of the State.

We believe we have no divided sentiment among the members of our Society, in the presence of the dangers which now threaten our country, which would, in the event of

war, prevent or hinder the fullest possible co-operation with the National, State and local governments in all medical and civic measures that the emergencies of war would demand.

The communication from Dr. Dickinson which follows this editorial will indicate some of the most practical methods of such co-operation.

Many of the hospitals of our State have already been offered by their managers to the U. S. Government for its use during the war, not only the buildings and grounds, but also the services of the medical and surgical staffs and the nurses, and they have been accepted by the government. We note also that Mr. R. D. Foote of Morristown has offered his "Spring Brook Farm" to the U. S. Hospital Marine Corps, of which his son is a member, for use as a hospital convalescent home and it has been accepted by the Secretary of the Navy. The house is a large brick structure that will hold at least 75 beds; has already on its third floor an operating room and hospital suite; it is on a tract of 625 acres. As the Journal goes to press, we hear that Dr. J. G. L. Borgmeyer of Bayonne has presented 100 cots for the use of the local Defense Committee. He recently served, by invitation, three months in a Red Cross Military Hospital in Vienna.

A great wave of patriotism is sweeping over our State; "Preparedness" is the rallying cry; committees of defense are being appointed in our cities and towns, and the most encouraging fact, in the event of actual war, is that men of all nationalities are uniting in the movement. We cite the following, as an illustration: A committee representing a large body of Newark's citizens of German birth, waited upon the mayor recently, assuring him of their loyalty and they are reported as suggesting that he appoint a committee of 150 of their number to assist the Defense League in any way possible, especially in watching for any alien Germans who might attempt to create trouble, expressing, however, their belief that not many, if any, such could be found. It was stated that there were about 140,000 citizens with German blood in their veins in the city.

Since the above was printed the President and Congress have, in the defense of humanity, declared war—not against the German people, but against the German authorities.

New Jersey will not fall behind her sister States in loyalty and devotion to our country; the medical profession will render every aid in its power to the government, and the Medical Society of New Jersey will be true to its past record in supporting "the powers that be" in all efforts to maintain the Nation's life, standing, power and influence.

MEDICAL PREPAREDNESS IN NEW JERSEY.

WORKING WITH THE COUNCIL OF NATIONAL DEFENSE

In the late spring of 1916 a number of surgeons as a club were visiting a clinic in New Orleans. Their conversation dwelt on war conditions and the lack of preparedness in the United States. It was known to them that the engineers of the country had for a year or more been, as it were, "taking account of stock," and giving the departments at Washington information which would be of value to them in event of war. These doctors felt that it would be wise if they would organize a committee and endeavor to unite the medical profession of the United States in a preparedness movement. This was done as follows:

Dr. W. J. Mayo, Rochester, Minn., chairman; Dr. Frank F. Simpson, Pittsburgh, secretary; Surgeon-Generals Gorgas, U. S. Army, Braisted, U. S. Navy, and Blue, Marine Hospital Service, honorary members.

Executive Committee: Drs. G. E. Brewer, New York City; G. W. Crile, Cleveland; J. M. T. Finney, Baltimore; R. S. LeConte, Philadelphia; F. B. Lund, Boston; Franklin H. Martin, Chicago; W. S. Thayer, Baltimore; A. Vander Veer, Albany.

In each State men known to this committee were circularized and requested to form State committees, stating that "with full sanction and co-operation of the Federal Government, comprehensive plans have been formulated for ascertaining, cataloguing and organizing the vast civilian resources of the country to promote the purposes of peace and for speedy and efficient mobilization in the event of any grave military crisis. One of the important features of this plan is a careful inventory of the medical resources of the country. The Committee of American Physicians for Medical Preparedness has volunteered to aid in this work. We trust that you will enter heartily into this patriotic cause and render valuable service by seeing that the

inventory forms sent you are promptly filled out."

On May 4th, 1916, Dr. Simpson sent a communication to the effect that the New Jersey State Committee had been selected as follows:

Dr. G. K. Dickinson, Jersey City, chairman; Dr. Phillip Marvel, Atlantic City; Dr. T. N. Gray, East Orange; Dr. J. F. Hagerty, Newark; Dr. Linn Emerson, Orange; Dr. John C. McCoy, Paterson; Dr. B. V. Hedges, Plainfield; Dr. Frank D. Gray, Jersey City; Dr. H. B. Costill, Trenton. (Dr. Henry J. Bogardus of Jersey City has since been appointed to fill the vacancy caused by Dr. F. D. Gray's death.)

This State committee became active and took a census of the physicians of the State, certain counties being apportioned to each of the members:

Dr. Dickinson and Dr. F. D. Gray, Bergen and Hudson counties; Dr. McCoy, Passaic, Sussex and Warren counties; Dr. Hedges, Hunterdon, Middlesex, Somerset and Union counties; Dr. Emerson, Morris County and part of Essex County (the Oranges, Maplewood, Glen Ridge, Bloomfield); Dr. Costill, Gloucester, Mercer, Monmouth and Ocean counties; Dr. Marvel, Atlantic, Camden, Cape May, Burlington and Salem counties; Dr. T. N. Gray and Dr. Hagerty, Essex County (not covered by Dr. Emerson).

Physicians of stamina, whether young or on in years, were selected; the younger men to be recommended for the more arduous duties and the other men for base hospitals. These names were gathered together, classified according to specialties (physicians, surgeons, sanitarians, orthopedists, etc., etc.), and sent to Dr. Simpson, subsequently to be turned over to the surgeons-general of the Army, Navy and Marine Service.

On November 25, 1916, communication with questionnaires were received from Dr. Simpson to be distributed to the hospitals throughout the State, working through representative men in each institution. These inventory forms have been filled out in large part and returned to Dr. Simpson. Unfortunately, there are some hospitals that failed to appreciate the great importance of the movement and the tremendous value to the government, but no doubt within a very few days every delinquent hospital will have met its obligation.

On March 5th, 1917, the following communication was received signed by Drs. Mayo, Simpson and Martin:

"The Committee of American Physicians for Medical Preparedness has been recognized by the Council of National Defense as an accredited committee to co-operate with that body. It is deemed desirable by the undersigned chairman and secretary of the Committee of American Physicians and the medical representatives of the Council and Advisory Commission of National Defense, that the various State committees of the United States, of which you are one of the chairmen, should more closely organize in order to promptly co-operate with the authorized national medical bodies and with the established agencies of the Federal Government. Immediate action is desirable along the following lines:

1. Your chairman should effect an early "get-together" conference of your committee.

2. As a committee, select for each county of your State having a population of 10,000 or more, a sub-committee of five or more strong men who are known to be thoroughly loyal and ready to work for the common good of national defense. Place upon these men by written instructions, the duty of getting a definite number of medical men for the Medical Reserve Corps from their communities. Note that field duty reserve officers must enter the army medical service under the age of 45.

3. Have on each County Committee, if practicable, at least one member of the local Medical Officers' Reserve Corps who as chairman of the sub-committee may represent that body; also have one member of the faculty of each medical school of each county. In cities in which medical schools have military instructors please carry out the plan outlined in the accompanying letter which is being sent to deans of medical schools.

4. Place in the hands of each County Committee for their guidance a list of those men residing in that county who have been recommended for membership in the Reserve Corps by your State Committee.

5. Please see to it that all hospitals in your State which have received the inventory blanks as shown by your State Committee record, fill them out and return at once, as directed on printed forms. A "delinquent list" is enclosed herewith.

"If we, the Committee of American Physicians, are to accomplish real results, it will be necessary to put this organization on a basis of military precision as above outlined as soon as possible."

On March 12, 1917, the following letter was received from the Council of National Defense:

"In order to enable the Medical Departments of the Government, the Committee of American Physicians and the Council of National Defense, to identify the various county committees which will be created throughout the country and to know that they have been organized in proper form by the best medical men of their communities, it is highly desirable that all of the county organizations bear one distinguishing name. The name which has been selected for that purpose is, The Auxiliary Medical Defense Committee of—County.

"Please see to it that all of the county committees within your State adopt that form of name."

Pursuant to the above, the Auxiliary

Medical Defense Committee of Hudson County has been selected as follows: Drs. J. M. Rector, Jersey City, chairman; D. B. Street, Jersey City; A. Bising, Union Hill; E. W. Roberts, West New York; J. Pellarin, West Hoboken; J. L. Evans, Woodcliffe.

From the foregoing statements one perceives that the medical profession in the United States has not been backward in high patriotic ideals—that for almost a year it has been accumulating for the Government an immense amount of data which will be immediately available in case of calamity of war or extensive riots. The history of all disturbances of this nature is that the medical man is never behind in serving his country. And we are proud to say that the State of New Jersey is ready for the national call.

GORDON K. DICKINSON, M. D.,

Chairman N. J. Committee for Am.

Phys. for Med. Preparedness.

280 Montgomery St., Jersey City.

It was the Editor's great pleasure in visiting our President, Dr. Marvel, at Atlantic City recently, for the purpose of fixing time and place of our Society's June annual meeting, to yield to his urgent invitation to accept his hospitality over night in order to attend the monthly meeting of the county medical society that evening. The exceptionally fine scientific program with such distinguished speakers as Dr. G. W. Crile of Cleveland and Prof. L. F. Barker of Johns Hopkins, Baltimore, and the presentation of an unusual case of angina pectoris by Dr. Scanlan of Atlantic City, together with the pleasure of meeting the members of the society and subsequently examining some of the excellent x-ray work of Dr. Marvel and his assistant at his office richly repaid us for staying over night. Dr. Crile promised us his paper for our Journal and we hope to present it with other able papers in next month's issue. Dr. Scanlan's case report we insert elsewhere this month.

The annual meeting of our Society this year, at Atlantic City, in June, will be one of more than ordinary importance. Let the delegations be full, and every member, who can possibly attend, do so.

Special attention is called to Dr. Strasser's editorial on page 163. Let every member carefully consider and act on its suggestions.

Therapeutic Notes.

Barbers' Itch.

Sulphur ointment, 12.0, 3lii.

Red oxide of mercury ointment, 6.0, 3iss.

Zinc oxide ointment, q.s., ad., 32.0, 3j.

Another method of treatment, productive of good results, consists in the application of wet dressings of a 1 to 2,500 solution of bichloride of mercury when the patient is indoors; and the rubbing in of a five per cent. white precipitate of mercury ointment previous to going outdoors and at bedtime. In obstinate cases the X-ray or cataphoresis with a one to two per cent. aqueous iodine, solution is used.

Chancroids—New Treatment For.

Dr. George R. Livermore, in the Southern Medical Journal, brings to the attention of the profession a new cure for chancroids. It consists in a drug that will destroy the infection without injuring the tissue. This remedy is silvol, a new protein silver compound containing about 20% of metallic silver. It occurs in the form of dark brown lustrous scales, is hygroscopic and readily soluble in water.

Method—Cleanse the chancroid thoroughly with warm sterilized water and then cover the entire ulcerated area with silvol crystals. (N. B.—Do not mind a stinging sensation; it never lasts very long and is not severe, anyhow). Apply a gauze dressing and bandage which is not to be removed till the following day. Resort to a second application if upon removal of the dressing the chancroid has not lost its virulent appearance. Though not a specific, Dr. Livermore finds silvol the best remedy he has ever used in the treatment of chancroids.

Cough—For Relief of Tickling.

Dr. Kinsey-Morgan prescribes the following for this condition, especially when associated with influenza, tuberculous laryngitis, etc.:

Codeine sulphate, gr. iss.

Acid citric, gr. v.

Syr. pruni virgin, 3iv.

Syr. tolic, 3iv.

Aquac, 3iv.

Sig.: One teaspoonful every three hours when necessary.—The Lancet.

Dysentery.

Dr. S. Kartulis advocates the use of emetine intramuscularly in acute cases of dysentery, one-half grain being injected twice daily. Enemas of the following formula to be retained from 15 to 20 minutes are to be given twice a day. Both the injections and enemas are to be continued for three or four days, as by that time the severe symptoms usually disappear and ameba absent:

Acid tannici, 3j

Iodoformi, gr. xlv.

Sodii chloridi, 3iss.

Arrowroot, 3vi.

Aquae destillatae, 3xxxiv.

After the fourth day the enemas are to be given once a day for a week, then two or three injections of emetine a week for two or more weeks. The diet must be carefully regulated. During the first three or four days small amounts of milk in weak tea, or soups pre-

pared with fresh butter, and two to four glasses of lemonade are given per diem. After this time macaroni, or arrowroot well cooked in water with fresh butter, is added to the diet, and a week later chicken or fish may be added once a day. Kartulis states that out of some 3,000 cases of amebic dysentery but four were fatal, these having received the treatment by the old method.—Journal of Tropical Medicine and Hygiene.

Infantile Colic.

When the pains are severe and associated with nervous symptoms, Hare recommends the following for children from six months to one year of age:

Chloral hydrat, gr. xvj (1.0)

Potassi bromid, gr. xxxij (2.0)

Aq. menth. piperit 3ij (60.0).

Sig.: Teaspoonful (4.0) in a little warm water every four hours.—Practical Therapeutics.

Ivy Poisoning.—A saturated solution of sodium bicarbonate in ice water applied liberally and constantly to the affected part or parts will be found to give prompt relief and possibly cure within twelve hours. The earlier the solution can be applied after injury, the less the suffering and discomfort experienced.—New York Medical Journal.

Leg Ulcers.

The following three formula containing scarlet red in different combinations all offer beneficial treatment for leg ulcers. The treatment may likewise be of use in X-ray burns:

I.

Scarlet red (medicinal Biebrich), gr. lxxv.

Balsam of Peru, m. cl.

Petrolatum, q.s., ad., 3iij.

II.

Scarlet red (medicinal Biebrich), gr. xlv.

Ung. zinc. oxid., q.s., ad., 3iij.

III.

Scarlet red (medicinal Biebrich), gr. xv.

Ung. acid. boric., q.s., ad, 3iij.

Sig.: Apply to ulcer after thoroughly cleansing once or twice daily.—Medical Standard.

Leucorrhea.—While astringents merely check temporarily leucorrheal discharge, lactic acid seems to have the power of destroying the cause, probably organisms, responsible for the discharge. The average strength is $\frac{1}{2}$ per cent. or one part of official lactic acid in 200 parts of water. If the condition is present in a young woman it is wiser to begin with 1 in 500, and in stubborn cases it may be used 1 in 100.—Medical Standard.

Ozena—Salvarsan and Iodine in.

Dr. J. Allen, in The Prescriber, reports the case of a 44 year old soldier who suffered from a very marked ozena and had an ulceration on the hard palate which was so suggestive of specific disease that it was decided to give him a course of antisymphilitic treatment in spite of a negative Wassermann. But the patient was so intolerant to iodide of potassium that its use had to be discontinued and he was treated with Salvarsan. This was at once followed by distinct improvement in the ulceration of the

palate which slowly and gradually healed. The nose had been swabbed out once daily with the following solution: Iodine, gr. ii; pot. iodid.; gr. viii; ol. menth. pip. m. iii.; glycerin, ad. ʒi. The condition of the nose greatly improved and on the patient's discharge the ozena was hardly noticeable.

Pruritus Ani.—The following prescription will give decided relief when applied morning and evening:

Acid salicylic, gr. xx.
Pulver. hydrastis, gr. x.
Menthol, gr. x.
Bals. Peru, ʒj.
Petrolatum, ʒij.

Sig.: Affected parts to be thoroughly bathed before application of ointment. — Medical Standard.

Warts—Paste for Cure of.

The following formula has been given by one of our exchanges:

Sulphur sub., ʒv.
Concentrated acetic acid, ʒiiss.
Glycerin, ʒij.

M. Sig.—Apply the paste to the warts on small pieces of linen or spread with a brush at night. Wash off the next morning. Repeat till the warts drop. This works every time.

Amoeba Histolytica Carriers—Treatment of.

Drs. C. G. Imrie and W. Roche, used the treatment by emetine bismuthous iodide suggested by Dr. Dale to destroy the cysts of entameba which hypodermic injections of emetine did not reach, due to the fact that these cysts may be in healed pockets or sinuses, and thus shut off from the general circulation and tissue fluids of the body. The observations were made on six cases treated in No. 4 Canadian General Hospital, all known to be carriers of entameba histolytica cysts. Of these cases four had been previously treated by a course of emetine hydrochloride. The emetine bismuthous iodide was administered in doses of 3 grains on twelve successive nights. The drug was given with water at 10 P. M. in order to avoid nausea or vomiting, which occurred when it was given immediately after a meal. As shown, five of these cases ceased to pass Entameba histolytica in the active or encysted form forty-eight hours after the institution of treatment. Sixth case showed no signs after the sixth day.

Treatment of Cases of Eclampsia.—The following method is used in one of the large obstetric hospitals in New York City: In very serious cases colon irrigations of bicarbonate of soda solution of nine gallons are given every eight hours. This is given slowly, taking at least three-quarters of an hour for the treatment. Hot packs are administered every eight hours, and the treatments are given alternately so that the patient receives therapeutic measures every four hours. Forced fluids are given, consisting of 10 ounces every two hours of either milk or water. Chloral, 15 to 30 grains, is given by rectum every four hours. The amount of treatment and medication must be adjusted according to the condition of the patient.

Hospitals.

Gifts to Hospitals.

Under the will of Peter Hauck, the Harrison brewer, the German Hospital, St. Michael's, St. James' and St. Barnabas' hospitals, Newark, and Christ and St. Francis' hospitals, Jersey City, will each receive \$500.

The Paterson General Hospital and the St. Joseph's Hospital of Paterson will each receive \$5,000 from the estate of Col. William Barbour, who died in Paterson last month.

Bridgeton Hospital.

This hospital reports the following for the month of February:

Number of patients admitted, 44; patients discharged, 42; patients operated upon, 28; patients died, 4; patients remaining, 22; total days patients, 616; births, 1.

Monmouth Memorial Hospital, Long Branch.

The board of governors of the Monmouth Memorial Hospital, at a meeting held March 14th, decided to open May 1 the new laboratory, a gift of Treasurer Charles A. Wimpfheimer, and elected Dr. J. A. Hugo of Philadelphia, pathologist. Dr. Hugo has been assistant at the Presbyterian Hospital, New York, for some time.

Morristown Memorial Hospital.

The annual report of the hospital, just issued, shows that in 1916 there were more than 3,100 patients treated in all departments. Patients treated in hospital wards and private rooms numbered 1,390, while in the Barker Pavilion for contagious diseases there were eighty-five treated. They were divided as follows: Ward patients, 827; private patients, 648; X-ray patients, 66; out patients, 1,041. There were 328 major operations, 243 minor operations, and 445 operations for eye, ear, nose and throat. The maternity department was a new feature, opened July 27 last. Since that time there have been twenty-one private patients and fifteen ward patients. There were sixteen boys and sixteen girls born. Another progressive step was the appointment of an intern last July and the work has grown so that it is planned to appoint a second intern.

Muhlenburg Hospital, Plainfield.

This hospital will receive \$10,000 under the will of Max Munger, who died in Plainfield last year. It has also been stated that this hospital will probably receive about \$70,000 under the will of Albert C. Stebbins, who died February 28th, this being the estimated amount of the residue of his estate.

New Jersey Orthopedic Hospital, Orange.

J. Ogden Armour of Chicago has recently given \$10,000 to this hospital's building fund which has now nearly reached the sum of \$200,000, which it has sought to raise.

It is planned to erect a new building at Lincoln avenue and Frankfort street, Orange, on the site of the present dispensary now owned by the hospital. The building will cost about \$85,000 with equipment, while \$115,000 is needed for partial endowment. In Decem-

mer, January and February there were 1,900 visits to the hospital, while in the same period the year before there were but 700. At the clinic, which is open two days each week, 200 children are treated.

Orange Memorial Hospital.

The hospital is now filled practically all the time, the margin left for emergencies being sometimes small. The capacity is 140 patients and there are now 135 inmates. One of the greatest needs is for a new maternity ward and the nucleus has been established for a fund for this purpose.

Overlook Hospital, Summit.

The annual report of the Overlook Hospital Association, in which is vested the management of that institution, calls attention to the need of more room. Dr. William H. Lawrence Jr., the head, declares that the fact that many have been turned away through lack of accommodations makes it imperative for us to give early consideration to future needs. He asks that definite action be taken to increase the association's membership to 1,000. The report of the superintendent shows that 904 patients were admitted last year. Of these 472 were from Summit. On the indigent list for the year were 370 names. A little more than 200 of these were from this city. Fifty-two births occurred in the hospital in 1916. The pay patients numbered 500, 105 were part pay, 274 charity, and twenty-five unpaid. The private room patients were 439 and the ward inmates, 465. Acknowledgment is made of the work of the women's auxiliary.

Sussex, N. J., To Have a Hospital.

The sum of \$20,000 is provided in the will of William A. Linn, who died February 23, for the establishment of a non-sectarian hospital in the place of his birth; Sussex Borough, in Sussex County. The testator directs in the will that the executor is to use this amount for founding, establishing and maintaining the institution, which shall be called the Alexander Linn Hospital, in memory of his father, who gave his professional life to the community.

Hospital Loses Suit.—The Manhattan Maternity and Dispensary of New York, according to a decision handed down recently by the Appellate Division of the Supreme Court, must pay taxes to the city for the year 1903 to 1907 on its property in East Sixtieth street. Through an oversight, the title to the property was allowed to remain in the name of Moses Taylor, the donor, instead of being transferred to the hospital, and taxes were accordingly assessed. The hospital thereupon brought suit to restrain the Tax Department from enforcing the payment.

Hospital in Sunday Tabernacle.—Plans are being made for the equipment of an emergency hospital in connection with the tabernacle to be erected in New York for the use of Billy Sunday this month. Dr. David Bovaird of the Presbyterian Hospital is chairman of the committee in charge, and he will have the cooperation of Dr. Charles H. Peck, Roosevelt;

Dr. Frank S. Mathews, St. Luke's; Dr. William Darrach, Presbyterian; Dr. Eugene Pool, New York; Dr. Royal S. Copeland, Flower, and Dr. A. T. Martin. Each hospital represented will have charge of the tabernacle hospital for two weeks, supplying two physicians for regular duty in the evenings and enlisting volunteer physicians for the afternoon and Sunday morning meetings. While the Sunday revivals were being carried on in Boston, 620 persons were cared for in the hospital maintained in the tabernacle there.

Hospitals in Ohio Increase Charges.

Owing to the high cost of supplies several hospitals throughout the State have increased operating and room charges. The Flower Deaconess Home and Hospital at Toledo recently announced that the charge for use of the operating room for minor operations had been increased from \$3 to \$5 and for major operations from \$5 to \$7. Rooms which heretofore cost \$25 a week were increased to \$27.50. Other changes follow: \$20 rooms, \$22 a week; \$18 rooms, \$20; and \$15 rooms, \$18.—Ohio State Med. Jour.

Hospital Organization in Rural Pennsylvania

—The following are conclusions of a paper on this subject read by Dr. H. L. Foss at the meeting of the Penn. State Medical Society, September, 1916:

The principal factor in the success of the rural hospital are dependent on the following: 1. A clearly defined need for a hospital in the community. 2. The construction of an adequate and well-equipped institution. 3. A sound financial basis. 4. A competent and efficient administrator who sees to the maintenance of high standards in the staff. 5. A broad sensible policy, giving the hospital's executive full authority and responsibility in which he has the complete support of the trustees. 6. Thorough and scientific care of the sick. 7. Individual investigation of the financial resources of all patients and discouragement of indiscriminating charities. 8. An efficient system of purchasing, so arranged under the direction of the institution's superintendent, that he may be free to take advantage of all changes in price. When these fundamental principles thoroughly enter the minds of our trustees and the tremendous need of more and better hospitals in "up-the-state" Pennsylvania, becomes apparent to our legislators and public-spirited philanthropists, then, and not until then, will our rural sections receive hospital service, scientific and adequate and in keeping with our boasted twentieth century medical progress.

General Versus Special Venereal Hospitals.

We are decidedly in favor of having venereal diseases treated in general hospitals or in special wards of general hospitals, instead of establishing special venereal hospitals.

No matter how much we, the enlightened, may grieve at the idea of any special stigma attaching the venereal disease, that stigma will remain so attached for decades and decades to come. And in order to avoid the disgrace of going to or being sent to a special hospital which is known to be devoted to the treatment

of venereal disease, people will avoid treatment altogether or will subject themselves to treatment by quacks or incompetents.

When a person is treated in a general hospital no stigma is attached to him because the disease for which the patient is treated is not known. As to the danger of infection to other patients, this can be readily avoided by proper care. The venereal diseases are far from being as infectious as many other diseases are, as for instance the exanthemata.—Critic and Guide.

The Selection of Surgeons by the Hospital.

In the selection of a surgeon, trustees may be unduly impressed by popularity. A surgeon rarely acquires a large clientele unless he is competent to operate, but the most popular surgeon is not always entitled to hospital preferment. A surgeon whose private practice is so large as to exhaust his time and energy cannot be expected to be punctual in attendance on the wards, or to be deliberate, careful and thorough in examining ward patients. This is the type of surgeon who sees his patient for the first time in the operating room, and who is content to leave the diagnosis and other preliminaries in the hands of the house staff. Such a surgeon may be entirely willing to give his best service to the hospital, but he is not in a position to do so. The function of the hospital is a dual one—first, to care for its patients, and, secondly, to contribute to the advancement of medicine. No hospital may rightly neglect either of these functions. A surgeon who is so preoccupied by private practice that he cannot interest himself in research work, cannot train his assistants, and cannot co-operate freely with the laboratory staff, is one whom the hospital can afford to pass by.—S. S. Goldwater, in *The Modern Hospital*.

The "Popular" Surgeon and the Hospital.—

A surgeon whose private practice is so large as to exhaust his time and energy cannot be expected to be punctual in his attendance on the wards, or to be deliberate, careful and thorough in examining ward patients. This is the type of surgeon who sees his patients for the first time in the operating room, and who is content to leave diagnosis and other preliminaries in the hands of the house staff. Such a surgeon may be entirely willing to give his best service to the hospital, but he is not in a position to do so.—S. S. Goldwater, M. D., *Modern Hospital*.

The Hospital and Medical Training.—Much emphasis is placed nowadays on the clinical training of the medical student, and it is obvious that such training cannot be given by a medical school which does not command the facilities of a suitable hospital. Hospitals that disinterestedly lend themselves to the purposes of medical education are pursuing a wise social policy, and are serving many patients besides those in their wards.—S. S. Goldwater, M. D., *Modern Hospital*.

The only cure for imprudence is the suffering which imprudence entails. Nothing but bringing him face to face with stern necessity and letting him feel how unbending, how un pitying it is can improve the man of ill-governed desires.—Herbert Spencer.

Marriage.

STOUT—TUTHILL.—At Jersey City, N. J., March 28, 1917, Dr. John Philip Stout to Miss Marion I. Tuthall, both of Jersey City.

Deaths.

BRADDOCK.—At Haddonfield, N. J., March 23, 1917, Dr. Charles S. Braddock, Jr., aged 52 years.

Dr. Braddock was born in Haddonfield. He graduated from Jefferson Medical College, Philadelphia, in 1896. He served twenty years in the National Guard, leaving it to identify himself with the Naval Reserve, and served during the Spanish-American War; was officer of the deck on the Cruiser *Resolute* in the battle of Santiago. In 1903 he went to Siam as an assistant to Dr. H. Adamson, a medical missionary and chief of the Royal Hospital at Bangkok. Soon after he was appointed chief health officer of the Siamese government, the first man to hold such a position. Dr. Braddock immediately began to battle against smallpox, cholera and leprosy prevalent among the natives. His chief difficulty in fighting smallpox was that ordinary vaccine virus was ineffective in tropical countries, and he experimented in his laboratory until he produced a new virus.

Health laws which Dr. Braddock wrote were enacted into royal decrees by the late King of Siam, who was an intimate friend of the physician. In 1910, Dr. Braddock was stricken with fevers, and was carried from the interior of the country by natives and on elephants to a port, and taken to Hong Kong. He recovered there, and decided to return home. He was stricken with pneumonia on the way, and forced to remain in Italy for several months.

After Dr. Braddock arrived here and recovered his strength, he became medical examiner for the Interborough Rapid Transit Company, New York, and was filling that position when stricken last November. During his long absences he always maintained his Haddonfield home, a large Colonial house, which is filled with a fine collection of curios the owner gathered in all parts of the world.

Dr. Braddock was a member of the Camden County medical Society, the Medical Society of New Jersey and the American Medical Association.

COIT.—At Newark, N. J., March 13, 1917, Dr. Henry Leber Coit of that city, aged 63 years.

Dr. Coit was born in 1854. He graduated from the College of Physicians and Surgeons in 1883. He was a member of the Essex County Medical Society, the Medical Society of New Jersey and a Fellow of the American Medical Association. He was the father of the certified milk movement and one of the best known specialists in infant diseases in the country.

The Newark Evening News of March 14th contains the following editorial on Dr. Coit's work:

Dr. Henry Leber Coit was a humanitarian in the highest sense. He was a scientist whose genius was quickened by his love of his fel-

low-creatures and by his desire to reduce the sum of human suffering and sorrow. It was his humanity as well as his scientific sense that drew him into the special field of conserving baby life. And in this work he was wonderfully successful, as the whole world of medicine long has recognized and acknowledged.

Dr. Coit was as well known in London, Paris, Berlin and Budapest, professionally, as in Newark. He was the first to establish the high value of the use of certified milk in the conservation of baby life, and to him is due the credit for the institution of medical milk commissions. His formulas for artificial infant feeding have helped nourish and save many an imperiled little body.

In founding the Babies' Hospital, Dr. Coit followed one of the inspirations of his life work and in his solicitation for the development of that useful institution he displayed some of the finest traits of his nature. His service to the city and to those little ones who suffered in the epidemic of infantile paralysis last summer was wonderfully efficient and was rendered at great personal sacrifice made at a time when his own condition of health almost imperatively bade him seek relaxation from his labors. For this service alone he should never be forgotten.

At a meeting of the Essex County Medical Society March 22, 1917, the following action was taken thus recording appreciation of the fact that Dr. Coit in Essex County, N. J., originated what proves to have been the first thing in the foundation of the modern pure food and drug propaganda:

In the death of Dr. Henry Leber Coit, the Essex County Medical Society has lost a member whose life and work have not only been an honor to this society and the county and State in which he lived, but have also received international recognition.

In 1887 his attention as a practitioner was strongly drawn to the impossibility of securing a clean and reliable quality of milk. He spent years of discouraging efforts to overcome this want and was still unable to accomplish his purpose, though he secured the co-operation of conscientious dairy men.

On December 5, 1892, in a paper read before the Practitioners' Club of this city, Dr. Coit outlined a plan for the production of what he called "Certified Milk." This original plan included chemical bacteriological and veterinary standards, and medical supervision of dairy hygiene and health of employees. These objects were to be attained by means of a rigid contract between the dairymen and a commission composed of members of this society.

After twenty-four years of operation this plan remains unchanged in all of its essential features. The idea of the Medical Milk Commission originated by Dr. Coit has spread until in 1916 there were seventy-seven such commissions through the United States and Canada.

As a sequel to the local Medical Milk Commissions, the American Association of Medical Milk Commissions was formed.

In 1909, through his continuous and untiring efforts, Dr. Coit was the means of procuring the enactment of a New Jersey State

law defining and safeguarding the term "Certified Milk." The standards defined under this law for certified milk were thereafter to conform to those which from time to time might be adopted by the American Association of Medical Milk Commissions.

At an International Congress on Infant Hygiene, held in Brussels in the same year, Dr. Coit, as American delegate, presented the plan above outlined which immediately met with universal approval. Thus his idea originally promulgated in Essex County has received world-wide recognition and has been universally adopted.

We take pride in calling to the attention of the world the fact that this beginning of pure food propaganda was born in the mind of a medical man.

Dr. Coit was a scientist who devoted his life unselfishly and unstintingly to the good of humanity. Already his work has resulted in the conservation of the health and lives of thousands of children, and in the years to follow there is no estimating the benefits that will accrue to humanity at large through his having lived. Personally, Dr. Coit was a man of quiet and lovable traits of character. He was indefatigable and extremely conscientious in his work. He never spared himself when duty called. We know ourselves to be better for having known him.

Frank W. Pinneo, Eugene W. Murray, Elmer G. Wherry, Chairman, Committee.

DIETRICH.—At West Hoboken, N. J., February 20, 1917, Dr. William Dietrich who graduated from the Baltimore University Med. Dept. in 1905.

SEWARD.—In the Goshen, N. Y. Sanatorium, January 29, 1917, Dr. John L. Seward of Orange, N. J., aged 73 years.

He was a native of Florida; born in 1844; graduated from the University of Pennsylvania in 1867 and from the Hahnemann Medical College in 1873. He was one of the early homeopathic practitioners of the Oranges. He was a nephew of the late Hon. William H. Seward.

WIRTZ.—At West Hoboken, N. J., recently, Dr. Louis Joseph Wirtz, who graduated from the Med. Dept. University Baltimore in 1904, aged 35 years.

OSBORNE.—At Summit, N. J., March 4, 1917, Mrs. Katherine B. Osborne, widow of Dr. Joseph D. Osborne, who for many years was a prominent practitioner in Newark.

IN MEMORIAM.

William H. White, M. D.

Died at Bloomfield, December 28, 1916.

Minute adopted by the Orange Mountain Medical Society:

Dr. William H. White graduated in medicine at the University of Pennsylvania in 1860, nearly sixty years ago.

He served his country faithfully and honorably as a surgeon in the army through the entire duration of the Civil War.

He settled in Bloomfield in 1866 and continued in the active practice of his profession in that town until his death, December 28,

1916. It is given to few men to continue at work in one locality for fifty years and to still fewer to have maintained an honorable and useful place in the profession of medicine for that length of time.

The half century just closed has witnessed a wonderful advance in medical science. Fifty years ago the instruments of precision now in every practitioner's hands were scarcely known. There were no trained nurses and no medical laboratories.

By faithful attention to every detail of his professional work, Dr. White kept abreast of the advance in the calling he had chosen. By his spotless integrity and his interest in civic affairs he won and maintained the respect of all his vast acquaintance; by his never failing courtesy and forbearance he secured the good will of all of his colleagues, and by his devotion and his unfailing interest in this society of which he was a charter member, and in all of its individual members, he became the friend and adviser of each one of us. His characteristic energy and benevolence made him a founder of the Mountinside Hospital, where for many years he served on the visiting staff.

His place at our meetings can never be filled, but the example of his life as just sketched we shall always cherish, and his kindness and pleasant manner we can never forget.

Edgar Calvin Seibert, Richard C. Newton, William H. Van Gieson, Committee.

Personal Notes.

Dr. John F. Anderson, New Brunswick, read a paper on Anaphylaxis, March 19, in the Sanitary Science and Sanitary Engineering Lecture Course, Rutgers College.

Dr. Guy Otis Brewster, Dover, spent a few days last month at the Highland Pines Inn, Southern Pines, N. C.

Dr. Arthur W. Condict, Dover, was recently re-elected a member of the local Board of Education.

Dr. William S. Colfax, Pompton Lakes, was elected a member of the borough school board last month.

Dr. Charles V. Craster, Newark, addressed the Principals' Association, at the Cleveland School, on Poliomyelitis on March 21st.

Dr. Henry P. Dengler, Springfield, and wife spent several days in Atlantic City last month.

Dr. Walter R. Elliott, West Collingswood, was confined to his house by an attack of pneumonia last month.

Dr. Robert H. Hamill, Summit, who has been a practicing physician thirty-nine years, has announced his retirement. He has been spending some time at Atlantic City.

Dr. Thomas B. Lee, Camden, has been appointed by Governor Edge a member of the State Department of Health.

Dr. C. B. Luffburrow, Plainfield, has been appointed by the Mayor one of the Commissioners of the Home Defense League.

Dr. Alexander Marcy, Jr., Riverton, has been elected president of the Cinnaminson National Bank. The doctor has been vice-president for several years.

Dr. James J. Reed, Seabright, was elected a

member of the local school board last month.

Dr. Ira T. Spencer, Woodbridge, and wife entertained at their home recently the Salmagundi Literary and Musical Society.

Dr. William F. Beggs, Newark and wife, spent a few days at Lakewood last month.

Dr. Jennie A. Dean, Morristown, spent a few days in Baltimore and Washington last month.

Dr. Lucius F. Donohue, Bayonne, was recently elected president of the board of directors of the Bayonne Hospital.

Dr. W. Edgar Darnall, Atlantic City, has a paper in the March Amer. Jour. of Obstetrics, on "The Relation of So-called Ether Pneumonia to Pelvic and Abdominal Surgery." In the same Journal are the papers by Dr. G. K. Dickinson, on "Hospital Management," and by Dr. E. Marvel, on "The Surgeon's Responsibility to the Economics of the Hospital."

Dr. George E. Gallaway, Rahway, recently returned from his sojourn in Florida.

Dr. Edgar B. Grier, Elizabeth, was recently elected vice-president of the Suburban Club, Union County, and Dr. Stephen T. Quinn was elected one of the governors of the club.

Dr. Samuel C. Haven, Morristown, and wife, spent a few days recently in Atlantic City.

Dr. Florentine M. Hoffman, New Brunswick, was operated on for appendicitis at the Middlesex Hospital, that city. He has recovered.

Dr. Carl R. Keppler, Newark, recently addressed the Rahway Civic Club on the need of physical training in the public schools.

Dr. C. Perry Lummis, who practiced medicine in Pennsgrove for fifteen years, has moved to Bridgeton and opened an office at 214 East Commerce street.

Dr. Harrison S. Martland, Newark, has a paper in the A. M. A. Journal, March 17, on "Trinitrotoluene Poisoning." Trinitrotoluene is the high explosive of the present European war.

Dr. D. J. Milton Miller, Atlantic City, has a paper in the February Archives of Pediatrics on "Scarlet Fever and Measles Occurring Simultaneously in the Same Individual," the other children of the family acquiring measles only.

Dr. Victor Parsonnet, Newark, addressed the Ladies' Guild of Newark Beth Israel Hospital at its annual meeting March 19.

Dr. Daniel Strock, Camden, addressed the Red Cross Society of Magnolia on March 1st.

Dr. Theodore Teimer, Newark, has been elected a member of the staff of the City Hospital.

Dr. William R. Ward, Newark, spent several days last month in Atlanta, Ga.

Dr. Frederick C. Webner, Newark, and wife, spent a few days in Atlantic City recently.

Dr. Henry B. Whitehouse, Verona, was ill at his home a few days last month.

Dr. Frank W. Pinneo, Newark, and wife are still receiving congratulations on the birth of their second daughter on February 21st.

Dr. Edward A. Y. Schellenger, Camden, addressed the Women's Auxiliary of the Catholic Lyceum recently on Tuberculosis.

Dr. Britton D. Evans, Greystone Park, Medical Director of the New Jersey State Hospital at Morris Plains, was recently honored by election to Fellowship in the American College of Physicians. Dr. Evans is recognized through-

out the United States as one of the leading practitioners in his specialty.

Drs. James S. Green and Arthur Stern, Elizabeth, were appointed by Mayor Mravlag on the Committee on Public Safety in the event of war.

Dr. John F. Hagerty, Newark, is chairman of the committee having charge of the 25th reunion and banquet of the class of 1892, Medical Dept. of the N. Y. University, at the Hotel McAlpin, New York, on the evening of April 11th.

Drs. Luther M. Halsey, Williamstown; Geo. T. Tracy, Beverly; J. E. Raycroft and Stewart Paton, Princeton, were reappointed by Governor Edge managers of the State Hospital, Trenton, last month.

Drs. I. Grafton Sieber and Grant E. Kirk, Camden, were chosen members of the Camden County Grand Jury for the April term.

Dr. Robert S. Topping, Newark, addressed the Boy Scouts in the Roseville M. E. Church on the evening of March 26 on "First Aid."

Dr. Sidney A. Twinch, Newark, was recently appointed as Dr. Coit's successor as chairman of the sub-committee on relief of the Citizens' Health Committee in charge of the aftercare of infantile paralysis victims.

Dr. Lester D. Wise, Long Branch, will act as instructor of a Red Cross class in first aid work at weekly meetings in the Wise Home. This class was recently organized by the Woman's Club and has twenty members.

Dr. Frederick W. Becker, Newark, has been reappointed a member of the Essex County Mosquito Extermination Commission for three years' term.

Dr. Samuel Greenberg, Newark, and wife recently spent a few days at Atlantic City.

Dr. James F. Horn, Morris Plains, has just moved to his new home on South street, Morristown.

Dr. Henry W. Kice, Wharton, recently addressed the Port Oram Social and Literary Club on "Thoreau and John Burroughs."

Dr. William G. Schaufler, Lakewood, surgeon-general of the National Guard, recently stated that there was need of eight medical officers at once, as the result of the mobilization of the State troops for active service.

Dr. Frederick W. Scott, New Brunswick, recently underwent treatment for diphtheria at the isolation department of the Middlesex Hospital.

Dr. Charles B. Smith, Washington, was recently elected a trustee of the Presbyterian Church of that city.

Dr. Daniel J. Donohue, Jersey City, in an auto accident recently, received a fractured skull, a compound fracture of the jaw and a fracture of leg. He is in the City Hospital, which he left only three weeks ago after undergoing an operation.

Dr. Joseph MacDonald Jr., East Orange, was one of the speakers at the annual banquet of the Jersey Commandery of the K. T. last month.

Dr. William W. Riha, Bayonne, gave a demonstration of how to administer "First Aid" at a meeting of the Red Cross Society of Bayonne, recently.

MEDICAL EXAMINING BOARDS' REPORTS.

	Exam.	Passed	Failed
Arkansas, November ..	13	10	3
Delaware, December ..	7	6	1
Illinois, October	123	88	35
Kansas, October	8	7	1
Maine, November	4	4	0
Massachusetts, Nov....	54	32	22
Michigan, October	10	8	2
Montana, October	25	17	8
Rhode Island, Nov....	7	7	0
South Carolina, June..	62	43	19
South Carolina, Nov....	28	11	17
West Virginia, Nov....	13	11	2
Wyoming, October.....	4	4	0

The Medical Curriculum.—With the best possible preparation the medical student finds his daily task quite as much as the strong can carry, and altogether too heavy for the weakling. There has been some discussion among medical educators concerning the curriculum, some contending that it is too heavy for the average student. This depends on what is meant by the "average student." If the standard set in college work is applied, I am of the opinion that medicine does not want such "average students." I am convinced that a strong student, of high average, can carry the medical work as now imposed, and that the imposition of a heavy task succeeds in weeding out the unfit and is therefore desirable. We do not develop muscles by lifting feather weights, nor do we strengthen brain activity without earnest effort. The aim of medical education is to develop strong men, and in order to do so difficult tasks must be imposed in the training.—Victor C. Vaughan, M. D., Science, Dec. 8, 1916.

Prospective medical students should be trained in the fundamental sciences, in the abstract, as well as the concrete, sciences. Mathematics, logic, chemistry, physics, biological sciences, all have their contributions to make to the mental equipment of students. Considerable of the educational effort in medical colleges is wasted, owing to the lack of mental equipment and discipline of the student body. The higher the grade of intelligence attacking the problems of medicine, the more intensive and definite is the information that can be imparted. There is much loss of time and energy in overcoming mental inertia which has developed as a result of faulty pre-medical training.

Dr. Drinker places his finger upon a real weakness when he calls attention to the fact that medical school catalogues advise the prospective student to fulfill the given requirements, but fail to urge him to extend his courses in every possible field with a view to acquiring the best equipment for the study of medicine.

The constant evolution of modern medicine indicates that its foundations rest not merely upon physics, chemistry, and biology, but that sociology and economics afford valuable principles for the development of the medical mind.

It is time that a new valuation was made of the mental power essential for effective medical practice and for medical research and investigation. The highly specialized

training is undesirable in pre-medical education, as it narrows the horizon of the student and stresses in the youthful mind factors in medical education which in truth are no longer as important as some of the newer types of studies as preparation for mastering medical education.

Medical colleges, in establishing requirements for matriculation, have it in their power to suggest to collegiate institutions the relative advantages of various types of studies. Breadth of mind, the power of concentration, the ability to think clearly, to observe accurately, and to reason logically must be developed. The informational side of collegiate effort is serviceable only in so far as it can be made to function. The direct utility of subjects studied is not always apparent, but it cannot be denied that the more diverse the mental training of the pre-medical student in general science, the more capable will he be to appreciate strictly technical medical facts and theories.

The success of medical schools is not entirely determined by the buildings, the laboratories, the equipment, and the capable professors. The student body which is to receive and absorb medical education is after all the most important problem in securing a well educated and highly trained group of graduates in medicine for the future. Considerations, therefore, of pre-medical education should be of paramount importance to the administrators of medical institutions. The pre-medical training should serve as the firmly laid foundation of medical instruction.—American Medicine.

Public Health Items.

Avoid close contact of those with colds.

Exercise in the open and temperate living are important.

Cough and sneeze when you must, into a handkerchief, a bit of paper or cloth. Carry several clean ones and change them often.

Dress appropriately for cold weather, with light underclothing and heavy, outside, removable wraps.

Ventilate persistently your home and your shop; and battle for fresh air in public buildings and cars.

Consult your dentist at least once in six months, to be sure that there are no cavities to hold food particles or germs.

A Comparison.—If consumption was as unpopular as the diseases of pigs or the boll-worm, it would soon be eradicated—but as long as the price of humanity is so low and pork and cotton so high, we will have to do the best we may.—Bulletin, Newark (N. J.) Department of Health.

Ophthalmia Neonatorum.—Dr. Julius Levy, in the February Bulletin of the Newark Board of Health, reports as follows:

Eighteen cases of ophthalmia Neonatorum

were reported during 1916. There were thirty-three in 1915 and thirty in 1914. Of the eighteen cases reported eight had been attended by physicians, three by hospitals and only five by midwives, although the midwives attended 20 per cent. more births than the doctors and four times as many as the hospitals. Four of the eighteen cases were discovered through the nurses of the Division of Child Hygiene, who are instructed to send to the City Laboratory smears from all new born babies showing purulent discharges. These cases naturally were among the babies delivered by midwives or hospitals as these are the only babies supervised by the division. Eleven lived in the four wards supervised by this division.

The four cases discovered through the nurses of this division, were found among 2,073 supervised babies. It is probable that, if the supervision of the new born babies were extended to the entire city, at least another twelve cases would be discovered, placed under proper treatment and cured. In all cases it was stated that silver nitrate had been used. The ages of the babies at the time of report varied from two days to three and a half years. Nine cases were reported between the second and third week of age.

Results: Cured, 16; died, 1; family moved away, 1. All were cured in less than two months after the initial report. Treatment: In hospital, 6; entirely at home, 10; at home and dispensary, 1; unknown, 1. The results were the same even as to length of time required for cure in all three methods of treatment. Our experience indicates that follow-up work is essential for good results irrespective of place of treatment. The extended use of silver nitrate solution at birth, the prompt consultation of physicians by midwives whenever the babies have "sore eyes" after, birth, the prompt reporting of ophthalmia, and the close "follow-up" of all treatment until a final cure is effected has reduced the number of cases of ophthalmia neonatorum by 40 per cent. in 1916 over 1914 and 1915, and obtained a perfect result in all instances.

Dr. Julius Levy in his recent annual report as Director of the Bureau of Child Hygiene, Newark Board of Health, under the head of pre-natal care, said:

"The value of the child hygiene activities is more in the health of living infants than in the reduction of death rates. A comparison between supervised expectant mothers and supervised babies with those of the entire city is very instructive. While the number of still births per 1,000 in the entire city was 41.7, the rate among the supervised expectant mothers was 11.6; while the death rate among babies under one month in the entire city was 38; that of babies of supervised expectant mothers was 7 per 1,000 births, and while the general infant mortality rate for the city was 89.6 per 1,000 births, the death rate among supervised babies was 26.3."

Many expectant mothers have received advice and instruction in personal hygiene, preparation for the confinement, proper obstetrical care and the importance of maternal nursing. Dr. Levy made a plea for pre-natal clinics in several sections of the city.

Supervision and education of midwives is considered an important phase of the bureau's

pre-natal work and will be continued. Eighteen cases of ophthalmia neonatorum were reported in 1916, as against thirty-three in 1915, and thirty in 1914. No cases of blindness were reported.

Baby Pictures for Physicians' Use.

The Camden Free Public Library is notifying the medical societies in the city that it has twenty-five hand-painted panels, each 17 by 28 inches, on the "Responsibilities of the Home and the Community for Healthy Babies," and will lend them for exhibition where they will be seen by parents and others interested in children. The panels were purchased from the National Child Welfare Exhibit Association, and with striking colored pictures and text set forth wholesome advice on the following subjects: Care before birth, care at birth, the best food, the best substitute, feeding the baby, bathing the baby, clothing the baby, fresh air and exercise, the baby's sleep, things to avoid, milk, midwives, birth registration, how to eat, what to eat, what not to eat, sweets, care of the eyes, care of the teeth, correct breathing, care of the feet, health and the commonwealth, communicable diseases, disease prevention, and modern health methods.

High Death Rate from Pneumonia.—Since the middle of January there have been 622 more deaths from pneumonia in New York City than during the same period of last year. The number of deaths reported from influenza is relatively low, less than during the corresponding period of last year. The death rate of the city as a whole shows a decline for the first two months of 1917 as compared with that for the corresponding period of 1916, the rates being 16.83 as against 15.87.

Prosecution of Quacks and "Patent Medicine" Fakers.—A recent Bulletin of the New York City Department of Health gives a list of the prosecutions made by the department under that section of the Sanitary Code regulating the manufacture or sale of drugs or medicines which are adulterated or misbranded. Most of the cases prosecuted thus far have been by inspectors of the Bureau of Food and Drugs. During the past three months, Anthony Ofries has been fined \$100 for selling phenacetin which was adulterated; Charles Stiriz was given thirty days for selling a paralysis "cure"; Smith and Zibriskie were fined \$800 for selling an infantile paralysis "cure"; Salvatore F. Sellarc for the use of wood alcohol, \$500 and thirty days; J. A. Miller for adulterating phenacetin and other tablets, \$500, and Peter U. Russ for selling a consumption "cure," \$100 or thirty days. A number of additional cases are now waiting trial.

Disposing of Sputum.—One of the problems in taking care of tuberculous persons is to dispose of the sputum, according to the Sanitary Bulletin of the Buffalo Health Department. Sometimes in chronic or advanced cases this amounts to a great deal, and when no furnace fire is available, its safe disposal taxes the ingenuity of the attendants. A nurse suggested a plan which is said to be effective and feasible.

Provide a galvanized pail or garbage can and place in the bottom of it some charcoal. Place in this the sputum cups, cover with kerosene and take into the alley or yard and set on fire. The charcoal will hold the fire until everything is consumed.

Vaccination Decision.—In 1916 suit was brought by citizens of Henry County, Kentucky, to enjoin the county board of health from enforcing an order of the county board of health requiring all teachers and pupils in the public schools to be vaccinated. In a decision by the Court of Appeals of Kentucky, printed in full in Public Health Reports, December 29, 1916, the court held that the evidence showed that the board was justified in its order, that a matter of such vital importance to the community should not be left to the whim of individuals, and that the action of the local board of health should be sustained.

Spotted Fever.—According to the annual report of the Idaho State Board of Health, Rocky Mountain spotted or tick fever decreased one-half during 1916 as compared with the previous year. In 1915 there were 349 cases, resulting in fourteen deaths. In 1916 there were only 148 cases, eleven resulting in death. The disease has been studied since 1910 by the State and Federal authorities, and the reduction in the number of cases is attributed to these investigations.

Clean Hands.—Disease germs lead a hand to mouth existence. If the human race would learn to keep the unwashed hand away from the mouth many human diseases would be greatly diminished. We handle infectious matter more or less constantly and we continually carry the hands to the mouth. If the hand has recently been in contact with infectious matter the germs of disease may in this way be introduced into the body. Many persons wet their fingers with saliva before counting money, turning the pages of a book, or performing similar acts. In this case the process is reversed, the infection being carried to the object handled, there to await carriage to the mouth of some other careless person. In view of these facts the U. S. Public Health Service has formulated the following simple rules of personal hygiene and recommends their adoption by every person in the United States:

Wash the hands immediately—Before eating; before handling, preparing or serving food; after using the toilet; after attending the sick, and after handling anything dirty.

State Department of Health Report.

The State Department of Health has received reports of 3,968 deaths occurring in February. This was an increase of 130 over the corresponding period in 1916, making the annual death rate 15.96 for the month. There were 645 deaths among children under one year, 187 among children over one year and under five years, and 1,434 among persons sixty years old or over. There were thirty-six suicides during the month, four above the average for the preceding twelve months.

Books Received.

All books received will be mentioned by title with the names of their authors, publishers, etc., and this will be considered by the committee as sufficient acknowledgment to the publishers. Selections will be made for review as the merits of the books or the interests of our subscribers may warrant.

"The Diagnosis and Treatment of Abnormalities of Myocardial Function with Special Reference to the Use of Graphic Methods," by T. Stuart Hart, A. M., M. D. Assistant Professor Clinical Medicine in the College of Physicians and Surgeons, Columbia University. Visiting Physician to the Presbyterian Hospital in the City of New York. Published by Rebman Co., New York.

Medical practice has been enriched during the last few years by some notable additions in the domain of morbid cardiac function. Professor Hart has correlated and arranged this material in a definite and concise way to render it most useful to student and practitioner. A chapter devoted to the present-day conception of cardiac physiology is fundamental to the understanding of morbid processes in the myocardium. The polygraph and the electro-cardiograph are described in sufficient detail for the purpose of this book. The instruments themselves belong to the laboratory. The descriptions in this book are for the man who would intelligently understand and interpret graphic aids to diagnosis and the role which they play in the study of heart disease. The various disorders of myocardial function are discussed in detail, each under its own caption. Graphic records are freely used to explain the nature of morbid phenomena, so far as this is possible. The new graphic methods of studying myocardial function have resulted in a much clearer insight into the effect of drugs on the heart, so that the chapter on "Treatment" is especially valuable to the man who wishes to conform in this practice with the latest teaching which is authoritative.

Frederick C. Horsford, M. D.

New and Nonofficial Remedies, 1917, containing descriptions of the articles which have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association prior to Jan. 1, 1917. Cloth. Price, postpaid, \$1. Pp. 412 + xxiv. Chicago: American Medical Association, 1917.

This book lists and describes the non-secret proprietary remedies that have been accepted by the Council on Pharmacy and Chemistry of the A. M. A. It also describes the newer non-proprietary remedies which give promise of some real value that have been accepted by the Council. Each description includes the chief facts physicians desire to know concerning composition, dosage, indications, cautions to be observed, etc. The book also contains general articles which compare the value of the proprietary remedies with the established drugs they are intended to supplant. Every physician who wants to keep abreast of the times should have a copy of this annual.

Annual Reprint of the Reports of the Council on Pharmacy and Chemistry of the American Medical Association for 1916. Cloth. Price, postpaid, 50 cents. Pp. 87. Chicago: American Medical Association, 1917.

This volume contains the reports of the Council which were adopted and authorized for publication during 1916. It includes reports of the Council previously published in The Journal of the American Medical Association and also reports which, because of their highly technical character or of their lesser importance, were not published in The Journal.

In this volume the Council sets forth the reasons for the rejection of the articles which were examined and found ineligible for New and Nonofficial Remedies. It also explains why certain preparations included in previous volumes are not contained in the latest (1917) edition of New and Nonofficial Remedies. Physicians who wish to be informed in regard to the status of proprietary and unofficial remedies should have the volumes of the Council Reports, in addition to New and Nonofficial Remedies.

REPRINTS RECEIVED.

The Cancer Problem and the World War—A Brief Resume of What has been accomplished in America during the past Two Years.

Some Practical Points in Human Plumbing—An Illustrated Lecture.

Chronic Intestinal Stasis—Some Case Reports. Series I. By Wm. Seaman Bainbridge, M D., New York City.

How to Treat Pneumonia.

Strophanthus and Strophanthin.

The Use of Rest in the Treatment of Cardiac Insufficiency.

Two Varieties of Palpatory Percussion.

Qualitative Regulation of the Diet in Diabetes Mellitus.

A Rational Plan of Feeding in Gastric Ulcer.

The Treatment of Obesity by a Rational Diet.

Acid Autointoxication accompanying Hyperemesis of Pregnancy.

When and How to Use Nitroglycerin. By Edward E. Cornwall, M. D., Brooklyn, N. Y.

Preparedness.—Who knows what we are facing as a nation in the years to come? One thing we do know—there is to be a struggle for existence, and the nation that is physically sound at the core is the nation that will hand down its civilization to the centuries. To study where we are weak, to study how we can make each generation a little better than the preceding one, instead of drifting with the tide of so-called natural evolution and trusting to luck that we shall not meet the destructive fate of all previous civilizations; to find out the facts about ourselves and our children and proceed to do our duty by our bodies and theirs by applying the lessons of science in the art of living; to accumulate health and vitality instead of disease and degeneration—these things I look on as simple elementary measures in preparation for either war or peace.—Eugene L. Fisk.

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Doctor—No, my dear young lady. After the war I want peace.—Squib.

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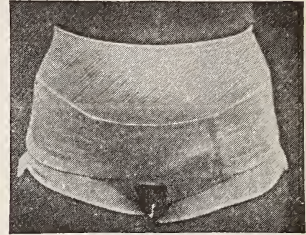
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CERTAIN BORDERLINE PROBLEMS:

A. CHOLECYSTECTOMY *vs.* CHOLECYSTOSTOMY
(WITH NOTES ON TECHNIQUE AND COM-
PLICATIONS); B. TREATMENT OF GAS-
TRIC AND DUODENAL ULCERS; C. RE-
LATIONSHIP OF THE THYROID
TO GRAVES' DISEASE *

BY GEORGE W. CRILE, M. D., F. A. C. S.,
Cleveland, Ohio.

This paper is based upon critical studies of certain groups of operations performed by my associates, Dr. F. E. Bunts and Dr. W. E. Lower, by my associates at Lakeside Hospital, and by myself. Included in these studies were the records of 1,161 operations on the gall-bladder and ducts; 497 operations on the stomach; and 2,030 operations for goiter, this number including 845 for exophthalmic goiter.

A. CHOLECYSTECTOMY *vs.* CHOLECYSTOSTOMY

(With Notes on Technique and Complications)

In our series we have seen cases in which a small stone has caused unbearable colic and others in which a massive stone has caused no pain; we have seen a massive stone erode its way into the small intestine causing obstruction, or into the colon or stomach; we have seen the stone lying free in an abdominal abscess, or migrating into the liver, or into the swollen duct walls; we have seen stones in pockets, and the gall-bladder transformed into compartments; we have seen the common duct as large as the duodenum, or reduced to the diameter of a mere string of connected tissue; in some aged patients we have seen gall-bladders of vast size, while in others it has been but a small cicatricial mass; in a lank in-

dividual we have seen a Riedel's lobe project the gall-bladder into the pelvis; and in the broad-chested individual, have found it as high as the nipple; but it is not our purpose to discuss the exceptional cases, but rather those that are commonplace.

In our earlier experience, we tried to save all gall-bladders, but we soon noted that after cholecystostomy it sometimes happens that after the patient has left the hospital with his wound healed, he suddenly experiences the familiar gall-bladder pain, accompanied sometimes by a chill and a sharp rise in the temperature, the pain in some instances being so intense as to demand a hypodermic injection of morphine. At the site of the old gall-bladder drainage scar there is first tenderness, then puffing followed by redness and in a few days there appears a free discharge of mucus, pus and debris, later followed by bile. After this the symptoms promptly disappear and the wound heals speedily. Later on, this cycle may be exactly repeated. We soon found that this sequence occurred in those cases in which the infection has caused either thickening of the gall-bladder wall, or scar tissue and intermittent occlusion of the cystic duct; in cases in which the infection had extended into the crypts of the gall-bladder, and in cases in which stricture of the cystic duct had resulted from a decubitus caused by an imbedded stone; and in which the gall-bladders were large, white, thick-walled, and filled with thick mucus, brown debris and sterile pus—a condition which usually appears in aged subjects. In safe risks, we, therefore, excised the gall-bladder in these types of cases.

On the other hand, in cases of simple gall-stone colic, in which the gall-bladder and ducts are normal and no infection is present, we drain only. In addition, we employ only drainage, not excision, in grave hazards, such as cases of acute infections

*Paper read before the Atlantic County Medical Society, at Atlantic City, N. J., March 3, 1917.

that do not clear up; or of gangrenous gall-bladders which are not easily removed; in extremely obese patients; in advanced age; or in the presence of hazardous chronic disease, where cholecystectomy is contra-indicated. In many of these cases, however, the cholecystostomy is later followed by cholecystectomy, after the acute storm had passed or after the margin of safety has been increased. In other words, in some cases the gall-bladder is saved because it is too good; in others, because the condition of the patient is too bad; that is, we do not kill the patient to relieve him of his damaged gall-bladder. Experience teaches us that after excision, however carefully planned, and after drainage, occasionally the symptoms will recur and in some cases a secondary operation may be required.

There is no majestic finality of judgment in cases of biliary stone or infection any more than in cases of stone or infection of the kidney or ureters.

In the technique of cholecystectomy, the risk of injury to the common duct under certain conditions cannot be ignored. When expedient, the cystic duct is plainly isolated by dissection, tied and divided; the vessels being then separated and divided. In fat obscure fields, the simple expedient of splitting the gall-bladder down to its lowest point is a splendid guide. If even a small amount of gall-bladder is left next to the cystic duct, a diminutive gall-bladder not only may form, but, moreover, may assume the prerogative of the normal adult gall-bladder, viz., become infected and develop a stone. I have seen instances of both these events. In one case of common duct stone with shrunken infected useless gall-bladder, in which I had excised the gall-bladder and from a position close to the common duct had extracted a tight-fitting stone which had caused decubitus and infection, several months later a complete stricture of the common duct appeared. In this case, I mobilized the duodenum, opened it, excised the strictured common duct and brought the hepatic duct into the duodenum. For six years the patient has remained well.

In cholecystostomy the drainage question is quite settled; not so in cholecystectomy, however, for in the latter, when anterior drainage is used, occasionally fluid will accumulate in the right kidney pouch or between the diaphragm and liver. This condition is betrayed in interrupted convalescence; a little fever; some pain; and slight tenderness. This problem has been met by adopting unreservedly Rutherford Mori-

son's method of drainage, which consists in a lateral opening at the bottom of Morison's pouch, and a double drain, one connecting with the sub-phrenic space above the liver, the other lying below the liver, the abdominal incision being completely closed.

The immediate operative result is controlled by means of an ample exposure through a vertical incision, this being further amplified by a transverse incision, if required; by gentle handling; by knife dissection; by nitrous oxid anesthesia with a minimum amount of ether when required; by avoiding tight stitches; by encouraging moving about in bed; by the pre- and post-operative use of an abundance of water; by the administration of glucose and sodium bicarbonate solution administered by the Murphy drip, and by the infusion of normal saline solution. Finally, be it remembered, that cholecystectomy following cholecystostomy is one of the safest of all operations; first, because the patient may be operated upon at the optimum point as regards risk; second, because during the interval between the first and second operations, the immunizing forces are mobilized in the operative field.

In brief, my conclusion is that the indications for cholecystostomy and for cholecystectomy are similar to the indications for nephrectomy and for pyelotomy in cases of kidney stone. Whether or not we shall remove a kidney depends on the existing condition; on the same basis we decide whether or not to remove a gall-bladder. If any gall-bladder, which is normal excepting for the presence of a stone, is excised merely on the basis that some gall-bladders have later trouble, then *all* gall-bladders and *all* kidneys would be excised. We believe that the ultimate decision must be made at the time of operation, this decision being based on the personal experience of the surgeon, the state of the gall-bladder and the condition of the patient. Both the gall-bladder and the patient should have a fair hearing and each is entitled to an unbiased judgment.

In our clinic, in consequence of our policy to individualize each case, cholecystectomies and cholecystostomies are now about equal in number.

B. TREATMENT OF GASTRIC AND DUODENAL ULCER

The prime question in a consideration of the treatment of gastric and duodenal ulcers is this—shall they be treated by surgical methods alone, by medical measures alone,

or by both combined? This question of medical treatment was not considered in our discussion of the treatment of infected gall-bladders, but it must be raised here. Ulcers of the stomach or of the duodenum are not so definitely cured by operation alone as are gall-stones. Therefore, we must modify our course of treatment accordingly. My own conclusion is that if a patient possesses the necessary spiritual and financial qualifications, then a fair trial of non-surgical treatment with controlled alkalizing frequent feeding should be tried and tried faithfully. More and more am I prone to consider that the surgical results are due largely to the physiologic rest and the alkalization of the gastric contents. The end results are in no small degree dependent upon the extent to which the physician gains control over the patient—the patient gets out of the treatment what the physician puts into it of time, intelligence and persuasion. It is interesting to note that after gastro-enterostomy, most patients tolerate only small doses of alkalis. I attribute this to the fact that alkali enters the stomach via the new stoma as has been shown by Paterson.

If medical measures fail, then assuredly in view of the probability of cancer, of hemorrhage, of perforation, ulcers should be dealt with surgically. Even after surgical treatment, however, it is imperative that diet and medication be strictly controlled by the attending physician for a year at least. The ancient practice of employing an orator to enforce the following out of directions by eloquent persuasion may well be profitably renewed here.

The operation is now safe—for including resections for cancer, the mortality rate is below three per cent; and for gastroenterostomy alone it is less than one per cent. The problems are purely technical—hemorrhage and leakage are absolutely controlled by the cobbler stitch, and the vicious circle may be eliminated in every case but the excessively fat mesocolon by mechanical adjustment and in the excessively fat by a modified Roux operation. Bad risks are controlled by a two-stage operation; anemic cases by transfusion of blood; impending acidosis by water and alkalization; all cases are made more secure by light nitrous oxid anesthesia and by anociation; while pneumonia is prevented by free moving about and sitting up in bed, by anointing the chest, and by the use of a warm water mattress on the operating table.

In seriously starved cases of gastric ulcer Professor von Eiselsberg's method is excel-

lent. A jejunostomy is first performed under local anesthesia, the first operation being delayed until a safe margin of vitality has been established by feeding. Incidentally the prolonged gastric rest usually cures the ulcer. Gastroenterostomy alone gives a rather light morbidity and mortality as compared with gastrectomy, as in the former the wound is not as extensive as in the latter operation, and the physiologic and anatomic adjustment is more readily made. This readjustment being accomplished, the gastric resection is performed with a wider margin of safety. Thus, by dividing the trauma and relieving the patient from the simultaneous burdens of extensive wound recovery and physiologic adjustment, the risk is decidedly less than when one massive chance is taken.

Rather by accident I have obtained a remarkable proof of the process of repair which follows gastroenterostomy, and also, as I am bound to infer, occurs in cases in which medical treatment has proved effective. In four instances in which in greatly emaciated patients the diagnosis of cancer has been made, it was deemed prudent to perform the operation in two stages, the first a gastroenterostomy, the second to have been resection. In each of these cases, upon opening the wound for the second operation from six to seventeen days after the primary operation, no trace could be found of the large obstructing mass. In one case the site was removed and examined microscopically and it was found that only a slight excess of fibrous tissue remained as witness of the ulcer mass. In these cases if the resection and the gastroenterostomy had been performed in one seance, not only would there have been an unnecessary hazard as to life, but a needless operation would have been performed. These cases show that an absolute differential diagnosis between ulcer and cancer cannot be made by the surgeon either before or at the operation; and that in certain borderline cases even the diagnosis of the pathologist is not final—just as in cases of leg ulcer the pathologist cannot tell whether the displaced epithelium is coming or going. If the growth be penetrating, it is cancer; if produced merely, by a normal healing process, it is not cancer. In certain borderline cases the submission of specimens to equally competent pathologists has elicited diverse opinions.

If the patient is dismissed from the surgeon's care to the same habits of life and the same dietetic carelessness that existed when the ulcer originated, and if in certain

cases mouth infections and teeth defects are uncorrected, then there is bound to result a certain percentage of failures. It is just as illogical to exercise no care over a post-operative ulcer patient as it would be to dismiss a post-operative exophthalmic goiter patient without therapeutic instructions and prolonged oversight.

THE CONTROL OF GASTRIC HEMORRHAGE

In hemorrhage from gastric or duodenal ulcer, its immediate arrest may be accomplished by utilizing the following great principle in biologic adaptation:

As a defense against death from hemorrhage a mechanism has been evolved for increasing the coagulation of the blood as the death point approaches. Increased coagulation with normal circulation would hazard life as the clot might be washed along as an embolus, but with the low pressure and the faint circulation near the death point, clotting becomes safe. As in phylogeny, hemorrhage was the pre-eminent cause of the death and of the unconsciousness, this defense mechanism may be called into action by any cause that lowers the blood pressure or even by the fear of catastrophe, or by the sight of blood, and the similitude of the pre-death point is produced, namely, unconsciousness or *fainting*. It is logical, therefore, to utilize the fainting point clinically as an indication that the blood-pressure is sufficiently low for the hemorrhage to be safely arrested by coagulation.

The patient being kept under continuous observation and control, an attempt is made to bring him to the fainting point by having him sit upright in bed. If the upright position does not produce blanching, a thready pulse and a moist forehead, then the blood may be sequestered in the extremities by adjusting a tourniquet around the thigh just tightly enough to block the venous but not the arterial flow. In this way enough blood may be tentatively removed from the general circulation to reduce the blood pressure until the fainting point is reached. The length of time this point should be maintained is empiric, but a brief period is sufficient to assure the formation of a secure clot at the bleeding point. Not only are the open blood vessels plugged but the patient has left in his body plenty of blood to flood the blanched brain when the bandages are released and the posture altered. Thus we evoke the last ditch defense as seen in the death point arrest of hemorrhage in typhoid, in tuberculosis, in extrauterine and birth hemorrhage. We beat death by saving the

blood—we eat the biologic cake and save it too.

C. RELATIONSHIP OF THE THYROID GLAND TO GRAVES'S DISEASE

In considering the cases of Graves's disease which have been surgically treated in the Lakeside Clinic, we have found that three facts stand out prominently; first, in every instance the thyroid was enlarged; second, the histologic changes in the thyroid were neither constant nor characteristic; and third, in every instance, resection of the thyroid improved or cured the disease. In view of these facts, how shall we decide whether or not hyperplasia of the thyroid is a characteristic of Graves's disease.

A study of the cases at the Lakeside clinic shows that the percentage of occurrence of hyperplasia varies from year to year. The presence of hyperplasia apparently depends upon the intensity of the disease, its duration and the stage of the disease at which the operation was performed—whether before or at the height of the hyperplasia; whether after the hyperplastic stage has been succeeded by the colloid stage; or whether, on the other hand, the drive had been so intense that the thyroid cells themselves had been destroyed, so that the gland consisted almost entirely of fibrous tissue, in which case no hyperplasia existed. It is true, however, that the clinical signs enable us to predict the histology correctly in ninety per cent. of the cases. It should be added that in our clinic we do not recognize thyrotoxicosis, but classify all cases as Graves's disease.

That hyperplasia is not a characteristic of Graves's disease is shown further by the following facts:

(a) The excision of a sufficient amount of a colloid goiter or of an adenoma in a typical case improves or cures the disease just as it is cured or improved by the excision of a hyperplastic gland. It must be added, however, that as a rule the most striking relief comes after the excision of the hyperplastic gland in cases in which the duration of the disease has been short but intense. Nevertheless, the degree of surgical relief is independent of the histology of the gland.

(b) Although in Graves's disease the most intense hyperplasia may be found in exceptional cases, on the other hand, among the total number of hyperplastic thyroids which at this moment exist in the United States and Canada, only a small percentage are incident to Graves's disease. In most

pregnant women, in many adolescent girls, in a large proportion of advanced cases of tuberculosis, and in numerous cases of intense prolonged pyogenic infection, the thyroid is not only hyperplastic but the histological picture is identical—no one could look through the microscope and say this is the hyperplasia of Graves's disease, this of pregnancy, this of tuberculosis—and there are a few cases in which hyperplasia has followed the excision of too much thyroid gland and no iodine has been given. On the other hand, in only from 50 to 75 per cent. of the cases of Graves's disease a negligible group compared with the groups enumerated above is the thyroid hyperplastic. We are forced to conclude, therefore, that hyperplasia of the thyroid is no more the cause of Graves's disease than it is the cause of pregnancy or of tuberculosis or of adolescence. In each case hyperplasia is an end-effect, not a cause. But here the analogy ends, for although resection of the thyroid does not end pregnancy; does not assist adolescence; does not cure the infections; it does mitigate or cure every case of Graves's disease.

Why does surgery mitigate some cases and cure others—why are there occasional relapses? It is in this inquiry that we shall find our best cue to the relationship of the thyroid to Graves's disease, and to the reason why the disease is so strongly controlled by surgical measures.

In our case histories we find that in the cases not wholly relieved or in which partial relapse occurred after temporary relief, the causes of the relapse may be roughly classified as follows:

(a) *Psychic Drive*: In this class we find patients who have been threatened with the loss of, or have lost positions of importance and have no other means of support, especially if they have others dependent upon them. Among these are daughters with dependent mothers, the relapse occurring when the loss of the position is threatened. Relapses appear among teachers, stenographers, telephone operators, etc., but are rare, as in the occurrence of the drive, among those who earn their living by physical labor—laundresses, cooks, scrubwomen. The more intense the struggle of man against man, the more difficult it is to cure Graves's disease completely. The disease is rarely found in the degenerate, or in idiots, or in moral defectives.

As an experiment, I sent some patients, whose disease had grown on the soil of the struggle against want and poverty, to a

pleasant sanatorium, and relieved their financial strain through the assistance of a philanthropic patroness of the hospital, thus blocking the human relations drive. These patients, in their rapid convalescence and complete cure, contrasted strikingly with those still swimming against the stream. Unhappily this beneficent prescription can be filled too rarely.

Other causes of a psychic drive, which we have seen cause relapse during the early months of convalescence, are the sickness and death of parents or children; financial disaster; exposure to grave danger, as a railway wreck, a fire, etc. I have had operative recoveries in which each of these misfortunes has occurred in the early months of convalescence, causing serious relapses.

(b) *Acute Infection*: In some cases of Graves's disease, convalescence has been delayed, the patients have been made worse or have shown sudden relapse as the result of tonsillitis, an acute cold, a tooth abscess, acute appendicitis, mastoiditis, diphtheria, etc.

(c) *Intestinal auto-intoxication*: Intestinal auto-intoxication occurs in the more chronic type of Graves's disease, and strictly speaking is not a cause of relapse, but rather a continued exciting primary cause. Unless the auto-intoxication is recognized and controlled from the beginning, only a partial relief may be expected.

(d) *Pregnancy*: Conception usually does not occur until Graves's disease is well in hand, but in some of my cases pregnancy has provided the drive that produced the relapse. With the termination of the drive by childbirth the disease has subsided just as it subsides on the release from strain and worry, when an abscess is opened, etc.

(e) *Adolescence*: Graves's disease in the midst of the drive of adolescence presents a difficult problem, for, whereas, the drive of an acute infection, of a financial reverse, of hard work, of the danger of losing a position, of the illness or death of relatives—all these are controllable—the drive of adolescence is not controllable and operative results in the adolescent period are correspondingly less favorable.

We can see clearly, therefore, that the degree of completeness of the cure of Graves's disease, assuming that adequate surgical measures have been employed, depends upon the presence or absence of the forces that are capable of inaugurating the disease. In exophthalmic goiter we see the symptoms come and go as the stimulating

forces of the internal and external environment ebb and flow; and in consonance we see the ebb and flow of the blood supply and the size of the thyroid. Now since the thyroid has no physical connection with the outer environment excepting through the mediation of the sense organs and the nervous system, it follows that the thyroid changes are end-effects, not primary causes. If the driving organ, the brain, is undriven, the thyroid is quiescent. In Graves's disease the entire energy-transforming mechanism has been speeded by some driving force in the internal or external environment, and for some reason the acceleration continues even after the original driving force is withdrawn. . . Man's motor mechanism being automatic, there must exist inhibitors as well as accelerators, but in Graves's disease the mechanism is in a state of continuous self-acceleration from an, as yet, not understood defect. Once equilibrium is established over a period of time, by rest, by changing environment, or by operation, improvement or cure follows.

Now, the thyroid's primary, perhaps only function, like that of the adrenal, is the fabrication, storage and adaptive discharge of an activating chemical agent, just as the brain cells fabricate action currents. Speeding up any one of these three activators—the brain, the adrenals, the thyroid—speeds up the whole mechanism. If the activity of any one is depressed, then the activity of the whole mechanism is depressed. No one of these organs can substitute for any other. Therefore, in that curiously altered state of the kinetic system in which even after the excitement is withdrawn, there remains an automatic speeding, if an essential link, like the thyroid, be depressed by operation, by so much will that great automatic drive, Graves's disease, be decreased. Quite obviously the relief afforded by the removal of the thyroid gland could be equally well afforded by breaking any other link in the kinetic chain. The excision of a corresponding amount of the adrenals should be as effective. If a patient with Graves's disease could hibernate for a season, the disease would undoubtedly be cured; and we cannot doubt that it would be mitigated or cured by acute cerebral softening. By resecting the thyroid, therefore, we are simply checking the automatic speeding of the mechanism by breaking the most accessible link in the kinetic chain.

We conclude, therefore, that the exciting causes of Graves's disease are environmental stimuli; that although the thyroid shows

no constant histologic lesions, and although the disease does not originate in the thyroid, nevertheless the thyroid plays a necessary part in the disease process; that surgical treatment exerts a specific effect upon the progress of the disease, but that maximum results demand a combination of surgical and medical methods.

RENAL INFECTION.

Annual Address at the Anniversary Meeting of
the Academy of Medicine of Northern
New Jersey, Newark, N. J., March
21st, 1917.

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Properly to appreciate the role which infection plays in the production of surgical diseases of the kidneys, it is necessary to study the lesions not as distinct entities, but as various stopping off places on the road to final destruction upon which an infected kidney is traveling.

More or less arbitrary divisions of renal infection have been made, such as pyelitis, when the pelvis is the seat of infection, pyelo-nephritis, when the parenchyma is also involved, pyonephrosis, when pus distension of the pelvis and calices occur and numerous additional classifications. These classifications are but different degrees of the same process, only clinically recognizable by the difference in the severity of the symptoms manifest.

Infection taking place in the kidneys is always a secondary process to a focal infective area, situated elsewhere in the urinary tract or body.

Primary infection may occur in the lower urinary tract but not in the upper.

The idea that systemic disease might arise from a local infection was recognized by physicians long before the days of Lister or Pasteur. In 1847, when Semmelweis proved a direct relationship between child-bed fever and the dirty hands of physicians and student who examined women in the Vienna Lying-in Hospital, the first chapter of focal infection was written. The development of surgical asepsis completed the second chapter. The work of Rosenow and Billings (during the past few years) upon the relationship of infective areas in the body to the etiology of local and systemic disease forms the *final* chapter.

"A focus of infection may be described as a circumscribed area of tissue infected with pathogenic micro-organisms."

Foci of infection may be primary or secondary. *Primary* foci usually are located in tissues communicating with the mucous or cutaneous surface. *Secondary* foci are the direct results of infection from other foci through contiguous tissues or at a distance through the blood stream or lymph channels. (Billings).

Thus when renal infection takes place it is a *secondary* process. Such being the case it has long been a matter of controversy as to which route constitutes the usual approach of infection to the kidney.

Necessarily, the acute or chronic inflammatory conditions of the kidneys following in the course of such diseases as small-pox, scarlet fever, measles, typhoid, pneumonia, must be of hæmic origin. The inflammatory process in the kidney, occurring during the elimination from the blood of the toxins of the disease virus. The toxins causing an exudative inflammation, followed by resolution or a cell necrosis in the kidney with resultant fibrosis. Rarely does suppuration take place and the condition need not be further considered from a surgical standpoint.

Brewer (Journal A. M. A., July 15, 1911) sums up the routes of infection to the kidneys as follows:

1. By a direct penetrating wound.
2. By direct extension from a neighboring focus.
3. By catheterization of the ureter.
4. By an ascending process from the lower urinary passages.
5. By the blood current.

The first group would have to deal with infection carried into the kidney from outside the body by stab, gun shot wounds, or other traumatic conditions.

The second group is of unquestioned rarity.

The third group needs but passing comment, namely that the possibility of such a cystoscopic accident, impresses the importance of surgical asepsis when catheterization of the ureters is performed.

The fourth group, *ascending infection*, is complete with interest. The question being—does the infection ascend to the kidney up the ureter by contiguity of tissue or if not, how?

For many years it has been recognized that inflammatory conditions of the lower urinary tract, cystitis, stricture, as well as obstructive prostate have been associated

with chronic inflammatory changes in the ureter and the kidneys. In fact the final outcome of a chronic cystitis being so frequently death from renal insufficiency, with autopsy findings of chronic suppuration, that it seemed self-evident that infection merely traveled up the lumen of the ureter, infected the pelvis of the kidney, then the parenchyma, with its progressive destruction and final fatal outcome.

The reason why infection traveled up the ureter seemed to be due to urinary back-pressure produced by any obstruction to the outflow of urine at the bladder neck or in the urethra.

In 1890, Guyon and Albarran carried out a series of experiments to determine what effect the injection of virulent cultures of pathogenic bacteria had in the normal bladder. The results showed that unless some artificial obstruction was produced to the urinary outflow no lesion resulted. If obstruction was present, a progressive inflammation of bladder, ureter and kidney took place. This seemed to prove the theory of direct ascending infection. The idea also embraced the belief that the back-pressure interfered with the valve like action of the vesical end of the ureter and produced an anti-peristaltic action within the ureter.

Courtade and Guyon in 1894 again called attention to the importance of the urinary retention as a causative factor. This theory held for a number of years, but in 1899 Albarran took notice of the possibility of a blood current infection; since the back-pressure theory would not explain the renal infections occurring in the young in whom bladder disease was absent.

In 1902 Jacobelli injected pathogenic organisms into the bladder of an animal and then he ligated one ureter. This ligature was allowed to remain tied for twenty-four hours and then released. At the autopsy, twelve days later, a suppurative nephritis was found to be present. He had thus proved that infection could take place from bladder to kidney without vesical urinary retention.

Brewer in 1911 stated that the essential conditions of the bladder for the production of ascending infection are: (1) chronic cystitis, (2) acute retention of urine, with spasmodic contraction of the detrussor, (3) mechanical interference with the ureteral sphincter.

More light is being thrown on this very interesting subject by the work of recent experimentors who have presented deductions,

the result of experimentation of ureteral transplantation.

Various neoplastic and inflammatory conditions or congenital defect (such as ectrophy) of the urinary bladder, make surgical diversion of the urinary current from the bladder at times desirable.

The ureters have been transplanted into the several hollow viscera of the abdomen as well as into the loin, but in practically all cases death has ensued in a comparatively short period from renal infection.

In an effort to guard against such infection, a variety of technics have been evolved, the important principle of all being the conservation of the valve-like action in the ureteric sphincter.

The operation of Maydl carries with it transplantation of the ureteral orifice itself or with the entire trigone of the bladder, and that of Coffey in which the ureter is made to pass for some distance between the walls of the intestine before being drawn into its lumen.

Even with the many modifications of technic for ureteral sphincter preservation, renal infection regularly has been the rule.

In 1914 Sweet and Stewart reported a series of experiments which tend to show that in these transplantation cases the infection does not take place by a direct ascension, but by way of the lymphatics, and that preservation of the ureteric valve is of small importance. In a series of transplants of the ureter into intestine, they found that in the region of implantation of the ureter into the intestine a periureteral inflammation with collection of pus cells and congestion of blood vessels was regularly present. In these cases renal involvement by infection was the regular outcome.

In another series of cases the ureter was severed close to the bladder and the upper free end passed through the lumen of the pancreatic duct into the bowel. In all such cases no renal infection took place. (Total of 8). The important lesson being that since the lymphatics in the ureteral wall did not come in contact with inflammatory exudate, no upward extension of infection occurred.

These experimentors state that any final belief that infection really proceeds upwards by any other path than the lymphatics must be forsaken in view of the following experiment. The right kidney was exposed and the ureter ligated in two cases; the lower pole of the kidney was then incised until the pelvis was reached. The duodenum was opened and anastomosed with the kidney at the site of the opening into renal

pelvis in such a manner that mucosa of gut joined mucosa of kidney pelvis. At autopsy about one month later the right kidney showed some small abscesses between the lower pole and the gut. The mucosa of the pelvis was generally free from infection.

This experiment was repeated eleven times without producing infection of the pelvis of the kidney in a single instance. Prior to the appearance of the work of these investigators only a few articles have appeared on the lymphatics of the kidney and ureters.

In 1787 Mascagni showed that the lymph vessels of the upper ureter went to the kidney and that those of the lower ureter went to lymph nodes of the pelvis. Sakata (1903) claimed that there were no lymph vessels in the mucosa or submucosa of the ureter, but that lymph vessels were present in the muscle sheath and external surface of the ureter.

The afferent lymph vessels are present in the central or middle portion of the ureter, emptying into the lumbar glands.

The lymph vessels of the lower portion of the ureter empty into the hypogastric glands or anastomose with those of the bladder.

The lymphatic union between bladder and kidneys is not direct but exists either by the interposition of the regional glands of the bladder and kidneys or by means of the lymph vessels of the ureter.

Lymphatics connect with kidney through pelvic glands. Veins leaving ureter go to general circulation without reaching kidney. An ovarian lymphatic anastomosis exists through the pelvic glands.

Kumita (1909) demonstrated superficial and deep lymphatics in the adipose capsule of the kidney. The superficial ones drain into the lymph node, lying above the renal vein. The deep, into the lymph node below the renal vein.

On both sides they join those of the diaphragm and on the right side are connected with those of the liver. They empty into nodes to left of aorta and vena cava.

Bauereisen in 1910 proved that lymph channels did exist in the submucous tissues of the ureter.

It is also stated that lymphatic infection of the kidneys is increased by the tendency of the lymphatic currents of the ureter to flow upward. Nevertheless, in the face of the conclusions of Sweet and Stewart the belief still exists that injury to the ureteric valve is a very potent factor in the production of ascending infection.

In 1915 (A. M. A. Jour., Jan. 16, 1915),

Barker and Draper reported some observations deduced from ureteric surgery on dogs in which the sphincteric action of the vesical ends of the ureters was experimentally damaged. The valves were either divided or circumcised. After considerable ingenious experimentation they arrived at the conclusion that injury to the ureteric valves was of less importance in the production of renal infection than injury to the nerve supply of the ureters. To elucidate, rhythmic contraction of the normal ureter is a physiologic process, due to contraction of its muscularis. If the ureteral vesical orifices are observed through a cystoscope, urine is seen to flow out of them, not continuously, but in spurts, with periods of quiescence. To produce this intermittency in the urinary flow peristaltic action occurs in the ureter, beginning at the kidney pelvis and ending at the bladder.

Whether the origin of these peristaltic waves are of neurogenic or myogenic origin is not as yet proven.

We know that the nerves of the ureter are derived from the sympathetic, that the renal plexus supplies the renal pelvis and a part of the upper abdominal ureter, and that the pelvic ureter derives its supply from the hypogastric. Ganglia and nerve ends have been found in the adventitia. Traumatism to the ureter, such as lifting it out of its bed, etc., interferes with its normal peristaltic action and may produce a condition of dilatation which is similar to that of ileus in the gut.

This interference to the normal prostalsis of the ureter appeared to Barber and Draper to be the direct responsible factor in urogenous infection of the kidney.

A summing up of the possible anatomic and pathologic factors in an *ascending renal infection* would have to include:

1st, the presence of infection in the lower urinary tract.

2nd, obstruction to urinary outflow. (Stricture of urethra, prostatic obstruction, vesical spasm, etc.)

3rd, impairment of the sphincteric action of the uretero-vesical outlet.

4th, injury to the nerve supply of the ureter with interference of its normal peristaltic action.

5th, access of infection through the deeper coats of the ureter to its lymphatic system.

6th, to produce such access, ulceration or traumatism of the mucosa must be present.

The fifth group of the routes by which infection may reach the kidney, namely, "by

the blood current," is the most common mode of infection.

As I have already remarked, Albarran in 1889 first indicated that such a route was probable and surgeons generally soon recognized the importance of his theory.

At present we believe that *most cases of pyelo-nephritis* are hæmatogenous in origin and that in the *early stages* they are *unilateral*.

It is now a well-established fact that the human body is constantly the host of various bacteria which enter the blood through the healthy throat, the alimentary canal, etc., by way of the lymph stream. We also know that local infection, such as furuncles, paronychias, carbuncles, etc., may be focal infective areas for blood bacterial invasion.

It has been conclusively demonstrated that bacteria may circulate in the blood without giving rise to pyemia. Such circulatory bacteria are finally eliminated from the blood and destroyed by the endothelial cells lining the capillary blood vessels of the liver, spleen and kidneys. (Adami). It has been proved that bacteria may pass through the kidney and leave the body in the urine without producing changes in the kidney indicative of pyelo-nephritis. Bacteria of low virulence if completely eliminated from the body in a short time may produce no lesion in a healthy kidney. On the other hand, there is evidence to show that even if such a process is long continued fibrotic changes will occur in the organ, and this no doubt explains the origin of many of the cases of interstitial nephritis.

For the production of pyelo-nephritis a second factor seems important. This factor is a previous damage of the kidney substance by a mechanical or chemical agent. (Kidd). Such damage may be due to trauma, abnormal mobility, previous infectious disease, calculus, congestion, etc., etc. This necessary pre-existing lowered existence from one of many causes explains the unilaterality of pyogenic renal infection.

In the light of the foregoing, it is at once apparent that the urinary system cannot be considered isolated from other intra-abdominal infections by its curtain of peritoneum. Although covering the tract completely, this curtain does not shut out invasion of the kidneys by infection through the lymphatics from the various abdominal viscera.

When we consider that all the abdominal viscera are normally in contact relationship with the kidneys with the exception of the jejunum and appendix, and that these and

the pelvic organs are also connected up through the lymphatic system, an explanation for many renal infections is at once at hand.

Ninety-five per cent. of the acute pathology of the abdomen (excepting that of the appendix) centers around the upper right quadrant. Diseases of the gall bladder, ducts and pancreas, lesions of duodenum, etc. Pyelitis or pyelonephritis developing in patients suffering from upper right quadrant infection is often then due to a direct lymphatic extension of the infection.

Bishop has drawn attention to the fact that right-sided pyelitis in women is ten times as common as left, and the occurrence seems to be due to the close lymphatic connection between the caecum and right kidney.

Pyelitis in women is usually associated with mobile kidney and enteroptosis. Moreover, Gilbert and Dominicia have shown that in cases of enteroptosis with intestinal stasis the bacterial flora of the intestines normally at its maximum in the region of the terminal ilium and caecum rises to an increased virulence. Inflammation takes place in the coats producing by the formation of an inflammatory membrane and angulation of the gut, the characteristic double-barrelled caecum of Gerster. Thus then is present a predisposing factor for infection, namely, back pressure from ureteral kink in the ptotic kidney and an active inflammatory process around the caecum which by lymphatic extension to the kidney produces pyelitis.

Also, Clark has shown that the frequency of right-sided pyelitis in pregnant women may be dependent upon the normal tilt to the right of the gravid uterus producing back pressure in the right kidney by compressing the right ureter as it crosses the pelvic brim.

The pyelitis in children is almost invariably secondary to an intestinal tract invasion.

In the male there is increasing evidence to show that even in those cases of renal infection following in the wake of urinary tract obstruction (stricture, prostatic obstruction, etc.,) that the infection spreads to the kidney through the lymphatic system and not by extension in the lumen of the ureter.

It would also seem that hæmic infection of the kidney (exclusive of tuberculosis) produces more rapid destructive lesions than lymphatic infection.

The one giving rise to multiple septic in-

farcts with a rapidly grave clinical picture and early fatal termination, the other a more gradual onset, a slower progress with the production of lesions varying from pyelitis to pyelonephritis, to pyonephrosis, but final destruction of the kidney the end result.

ANTERO-POLIOMYELITIS — A REVIEW OF THE EPIDEMIC IN TRENTON.*

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It is my privilege to appear before you to present, primarily, a review of my experience in dealing with the recent epidemic in Trenton, beginning July 12th and ending November 6th. Before taking up the discussion of the cases occurring here, I thought it valuable to mention briefly some of the more recent literature on this subject about which so much has been written during the last few months.

Historical—Epidemic of acute poliomyelitis was first differentiated in 1840 by Heine, who described an atypical neurological condition occurring in infants at this time. The disease has been epidemic in Sweden since 1887, and again in 1895. The first epidemic occurring in this country occurred in 1899 in New York City, followed three years later by a recurrence, and again in 1907 and 1909. An excellent description of this condition was described in 1907 in reference to an epidemic in Norway, extending from 1903 to 1906.¹

Etiology—Acute poliomyelitis is apparently an acute contagious disease, a general infection with a special tendency to destruction of nervous tissue, attacking, primarily, infants and also susceptible adults. The etiology of the condition has been a source of exhaustive experimental and research work throughout all the larger laboratories of the country. It is practically proven that the disease is caused by a so-called virus, a filterable micro-organism, first suggested as cocci by Girsfold² in 1905, and again as bacteria by Fox³ in 1911. Flexner and Lewis⁴ describe the filterable nature of the virus in 1909, and again in 1910 produced the disease in monkeys by injection of the virus. More recently E. C. Rosenow describes a polymorphous streptococcus in tonsils of infected individuals, which apparently is similar to the organism described by Flexner, Noguchi⁵ and Horace Greely.

*Read before the Mercer County Medical Society, February 6, 1917.

The method of transmission of this disease has been a source of much comment and experimental evidence and tends to prove that it lives indefinitely in dust; that the virus is present and may be transmitted by the bite of a stable fly and it has been shown to be present for from 24 to 28 hours in the viscera of the *musca domestica* (house fly). Certain of the domestic animals, particularly the rabbit, may be easily infected and rabbits inoculated with filtrate from monkeys, intraperitoneally, develop on the 8th to the 15th day great motor weakness, paroxysmal tonic convulsions with rigidity during the interval, and die within from 10 to 30 minutes. These rabbits fail to show the typical findings of poliomyelitis, showing only cortical hyperemia but filtrates of brain and cord injected in monkeys produce a typical poliomyelitis.

The contagiousness of the disease was first described by Dr. Wickman⁶ in his study of an epidemic in Sweden in 1904 and 1905, who conclusively proved that the disease would be transmitted from person to person. In September, 1915, proved transmission by contact by acute cases and carriers.⁷ Flexner⁸ proved conclusively that transmission might occur through feces as well as nose and throat secretions. According to Frost⁹ the epidemiological peculiarities, which suggest the necessity of some insect transmitting poliomyelitis, are the seasonal prevalence of the disease, the greater prevalence in the rural districts and the irregular spread of the epidemic. (This, however, may also apply to the human carrier as well, assuming that there is present a general immunity on the part of adults and certain infants).

Pathology—The description of autopsy findings, reported in various epidemics, may be condensed into the following: The meninges are edematous and hyperemic. The brain and cord are edematous and have minute hemorrhages throughout. Three factors seem to be active in the reaction, primarily, of the nervous tissue, cellular exudate, hemorrhages and edema; and since this is a general infection, carried by the lymphatics and blood vessels to the central nervous system, those parts most richly supplied with blood are the more severely affected; that is, the cervical and lumbar regions of the cord and the anterior horns more than the posterior horns. Microscopically, one finds cellular infiltration in the lymph spaces, extensive hemorrhages and marked anemia of the nerve cells. The same changes are found throughout the

central nervous system but more marked in these areas (Wickman, Harbitz and Scheel).¹⁰

Symptomatology—The simplest classification is that of Peabody, Draper and Dochez,¹¹ who divide them into, first, abortive, those cases giving evidence of a general infection, at times meningeal irritation, etc., but recovering without frank paralysis; second, cerebral type, where involvement of upper neurone causes a spastic paralysis; third, the bulbo-spinal type, where the lesion of the lower neurone causes flaccid paralysis. The most common symptoms may be described by considering, first, the prodromal period, where there is usually found stiffness of the neck and Draper's sign, pain on anterior flexion of spine, with at times mental irritability. The acute phase is usually ushered in by a high temperature, followed by gastro-intestinal and respiratory symptoms, nausea, vomiting, diarrhoea, constipation, coryza, bronchitis or cough, followed, after a variable length of time, by paralysis of more or less marked degree. Before the paralysis is established there is usually exaggeration of the reflexes. In the affected part there occurs, with the onset of paralysis, diminution or loss of the reflexes in the bulbo-spinal type, and a persistent exaggeration in the cerebral type. Practically always, in this stage, there is present evidence of an acute systemic infection, swollen, coated tongue, sordes of the lips, high temperature, rapid pulse and respiration with malaise and weakness.

Diagnosis—In the presence of an epidemic, an acute infection in a susceptible individual warrants a lumbar puncture immediately, especially in the presence of symptoms above enumerated, as at present the spinal fluid content is our most valuable diagnostic sign. The general characteristics of the spinal fluid are a slight increase in pressure, a colorless, clear or very slightly turbid fluid, with cells varying from 10 to 1,000 or more; globulin reaction a very weak positive, divided by weeks the following way: First week, very slight increase; second week, slight increase; third week, definite increase; fourth week, marked increase. Fehling's reduction positive in cloudy fluids. Peabody, Draper and Dochez report the usual cell count as follows: 80% of the cells are mononuclear, many of which are large mononuclears, which are characteristic of poliomyelitis. From repeated examination the following report gives the maximum and minimum of each type of cell:

Polymorphonuclear, 0 to 85%; lymphocytes, 17 to 89%; endothelial, 0 to 6%; mononuclear, 3 to 70%; degenerated cells, 4 to 24%. The cases which show many polymorphonuclear cells in the earlier stages later show the usual mononuclear excess¹².

The condition must be differentiated from tubercular and luetic meningitis and from the other acute types of meningitis by smear, culture and animal inoculation.

Prognosis—The prognosis, as to life, varies in the different epidemics from 10 to 35% mortality. According to Fisher¹³ in the epidemic of New York in 1916, the mortality ranged from 20 to 25% in 9,000 cases. According to H. G. Abramson¹⁴ the mortality is about 22%. The prognosis as to paralysis ranging from 70 to 80%.

Treatment—Aside from the usual care of an acute contagious infection; absolute rest isolation and general therapy, various types of treatment have been suggested, such as urotropin, recommended by Flexner, specific therapy by means of immune serum, which has been proven of benefit by Flexner¹⁵ and in that it is able to neutralize the virus and test tubes and in monkeys Sophian advises, for treatment, three procedures; first, for relief of hydrocephalus, lumbar puncture; second, to produce a hyperleucocytosis, intraspinal injections of horse or human serum; third, intraspinal injections of human serum. Clark and Metzger¹⁶ have advocated intraspinal injections of epinephrin in doses of 0.5 to 1 c.c. every six hours.

In the convalescent period the treatment is primarily an attempt to restore the paralyzed muscle, to prevent contractures and deformities by means of rest, massage, mechanical and electrical therapy. The treatment depends a great deal on the type of deformity, condition of the muscle and nerve trunks supplying the same, its electrical reaction, its ability to stand fatigue. This belongs in the scope of the neurologists and orthopedic surgeon. The chronic phase is primarily devoted to the restoration of motion in the deformed parts by operation, tenotomy, etc., and belongs primarily in the field of the orthopedic surgeon.

THE EPIDEMIC IN TRENTON

I take this opportunity to present a report, briefly, of the cases at the Municipal Hospital, and the cases in the city of Trenton, punctured through the assistants of the New Jersey State Hospital, under the direction of Dr. Cotton. An analysis of the statistics of the present epidemic shows that

there were reported 167 positive cases; that there were 11 negative cases punctured at the request of the City Board of Health and the physicians at large. Total number of cases punctured, 190; 134 positive cases punctured. Total cases dying in Trenton, 51; a mortality of 30%. Cases recovering, 118; 70%. Trenton cases admitted to the hospital, 65; 38%. Cases dying at hospital, 15; 23%. Dying under 24 hours after admission, without possibility of treatment, 38%. Death rate, exclusive, of cases dying under 24 hours, 16½%. City mortality, exclusive of the hospital, 34%. Recoveries at hospital, 77%. City recoveries, 65%.

	Recovered	Total	Died
Hospital,	50	65	15
City,	68	104	36

Three deaths occurred at the hospital in cases suspected of poliomyelitis who died from other conditions. One, cerebral hemorrhage; two, cholera infantum; three, an unclassified case.

ANALYSIS OF CASES.

Deaths—Fifteen cases in all, seven of whom died before being in the hospital 24 hours, six of which presented the typical picture of the cerebral type, having the same cardinal symptoms, dilated pupils, retraction of the head, oscilation of the eyeballs, exaggerated reflexes in the upper and lower extremities, with beginning paralysis of diaphragm and death. One case showed, in addition, paralysis of the left arm and leg and died within five hours after admission. Those cases living more than 24 hours after admission, two had apparently recovered from the acute shock of the infection, later developed a septic condition and died approximately two months later of general septicemia. Both of these cases had paralysis of the lower extremity, with absent reflexes and total loss of motion. Four others presented somewhat of a typical picture of the cerebral type, being complicated by leg or arm paralysis in addition. There seemed to be a progressive involvement, beginning in the upper extremity, later involving the lower and finally terminated by respiratory paralysis. Two others presented the typical appearance of the cerebral type and died of respiratory failure, within 48 hours after admission.

Lower Extremities—Twenty-two cases were discharged from the hospital with residual paralysis in the lower extremities, sixteen of these cases showing improvement at discharge over their condition on admission. Five cases were unimproved. Four of them had paralysis for so long a duration before

admission that it was thought inadvisable to treat them. One had paralysis of the legs, back and left arm and showed no improvement in paralysis of legs and back. Another had cerebral involvement as well but was discharged without improvement in the paralysis of the leg. Of the improved cases three showed typical cerebral involvement with exaggerated reflexes, mild stupor, retraction of the head. Thirteen cases showed involvement of both legs; four of the left leg, three of the right leg and three had involvement of the arms and back on admission. On discharge three cases had only involvement of the gluteal muscle. Twelve had involvement of both legs. Three had involvement of left leg; two had involvement of right leg. One had involvement of back as well on discharge.

Upper Extremities—There were ten cases discharged from the hospital with paralysis of the arm, of which seven were affected on the right side and two on the left. One showed neck and throat difficulty on discharge. On admission three had leg involvement as well, not as marked as the three with leg and arm involvement classified under the cases with lower extremity paralysis. Two had cerebral involvement. One had both arms and neck involvement. One had neck and throat paralysis.

Facial Paralysis—Three cases were discharged with paralysis of the left side of the face, all of whom were practically arrested on admission to the hospital.

Cured Cases—Fifteen cases were discharged from the hospital without residual paralysis. Of these five had paralysis of the left leg on admission. One had paralysis of the right leg. Two had paralysis of both legs. Two had paralysis of left arm and leg. Three had gluteal paralysis. One had cerebral type and had paralysis of respiratory muscles and throat.

An attempt to group cases by their reaction to treatment 11 cases might be put in group I, that is, those cases in which no treatment is of value. These cases all show cerebral type of paralysis, with fairly well marked involvement of the diaphragm and intercostal muscles. A second group which would undoubtedly have been fatal but for treatment contains 16 cases, the majority of which showed an overwhelming systemic infection with a progressive paralysis before treatment began. A third group, in which there would have been paralysis without treatment, contains 11 cases. A fourth group, which would have recovered without paralysis and without treatment, con-

tains only four cases. A fifth group, which would have recovered but would have been more paralyzed without treatment, contains 23 cases.

Laboratory Findings — Examination of the spinal fluid obtained from diagnostic punctures for the treatment showed a range of cells from 8 to 300 before treatment, and ranging from 2 to 13,000 immediately after treatment. The globulin reaction was negative or only slightly positive in 97% of diagnostic punctures and only positive in cases whose duration was longer than a week before puncture. After treatment the globulin usually became positive and remained so for from 4 to 10 days, declining as the cell count diminished. Fehlings reduction was not carried out as a routine but in all cases examined gave a slight reaction. The most common type of cell was the large mononuclear lymphocyte, which was present in all but two cases punctured, and those cases were both fatal. To say that this cell is pathognomonic may be too radical, but it is at least suggestive in the presence of a clear, apparently sterile fluid. A Wassermann reaction was a weak positive in two cases, both of which were fatal and further examination was not made; chloride of gold negative.

An attempt was made in doubtful cases to exclude other types of meningitis by means not only of the smear and cultures, but by animal inoculation, and in each case, where the rabbit was used, the injection proved fatal after a period of ten days to two weeks. Gross changes in the form of hyperemia and edema of the central nervous system were found. Microscopic section showed no typical lesions of poliomyelitis, except in one case where there was a definite round cell infiltration in the lymph spaces.

Methods of Treatment Used—Two procedures were followed as routine measures of treatment, aside from rest and isolation; first, Wassermann and lumbar puncture; second, intraspinal injection of adrenalin solution 1 to 10,000, using 5 to 1 c.c. for infants of one year or under, diluted with sterile salt solution injected under pressure. One case in which there was progressive paralysis, after the initial injection of adrenalin, immune serum was without avail. Controls were used; in certain cases they were simply punctured. Two cases were not punctured. The result of these controls convinced us of the advisability of using the adrenalin, especially as one case in which the family objected to further use of the

puncture and injection of adrenalin, the child immediately became worse and family consented to puncture, which relieved the patient temporarily but not as much as had the adrenalin. The family asked that this injection be resumed with the result that the patient to-day has practically recovered from any paralysis, although at the time of the discontinuation of the treatment there was a spastic paralysis of the left arm.

After care of convalescents was instituted at the City Hall and in the patients' homes, under the direction of the city physician, and consultation by Drs. Young and Elmer.

Conclusions—First, isolation in suitable surroundings is most advantageous.

Second, lumbar puncture is absolutely indicated, both for diagnosis and treatment.

Third, that in the present stage of our knowledge intraspinal injections of adrenalin are beneficial, as shown by our experience, especially when unable to secure immune serum, in the use of which our experience is insufficient to grant us any conclusions.

Fourth, that the disease is contagious and is carried by individuals not showing active symptoms themselves. To demonstrate this we will cite three cases. We have left this until last because of the impossibility of securing proper histories of tracing possible contact in cases located in cities and congested districts, and of picked isolated cases whose contact could be traced for a period of three to four weeks.

(A) A. E., age $3\frac{1}{2}$ years, from Metuchen. Onset with fever August 5th. Had been feeling badly for one week; irritable, restless, waking easily. On examination August 6th patient had temperature of 104, pulse 140, respirations 18. Considerable twitching of muscles, a certain amount of stupor, but when roused the child showed a superficial brightness. Pupils were normal. Reflexes slightly exaggerated. Kernig's sign suggested. Slight stiffness of back and neck. Lumbar puncture August 6th showed 96 cells; plus minus globulin; August 10th, 25 cells; negative globulin. Because of the fear of poliomyelitis the family whose surroundings were such that they could isolate the child had not permitted him to play with others, had not taken him away from his home, had kept him away from his pet dog and in every way possible guarded the child against infection. Yet twelve days previous to the onset of his difficulty the child's father was visited on business by a man from Brooklyn, who

had lost two children during the present epidemic of poliomyelitis. During their discussion the child came into the room and before it was noticed had gone up to him and was playing about his feet.

(B) F. S., age 9 years. Onset September 22nd. Temperature 102. On the 23rd a chill, 24th fever, pain in the back of neck and temple. Physical examination showed no evidence of definite paralysis. Some diminution of the reflexes on the left in the lower extremity, and the upper on the right. The child has been isolated since the first of August with the exception that he had gone with his mother in the machine out of the city, and during this time did not come in contact with others than the occupants of the automobile, but two weeks previous to the beginning of his illness the home had been visited by one who had been in contact direct with poliomyelitis case.

(C) A. M., age 2 years. Onset July 28th; nausea and vomiting with convulsions. Patient had been removed from an infected area for about four weeks. No known contact previous to this time. Father states that ten days before the onset of the child's condition he visited Brooklyn, and, in fact, was talking with a druggist who had poliomyelitis in his home. Father returned to his home and there were no other visitors to the house at any time. Patient made an uneventful recovery. Convalescence began August 19th.

In closing I wish to thank Dr. Cotton for permission, advice and assistance in carrying on this work, the City Commission and Health Department for similar permission, the physicians at large for permission to see their cases, the nurses and laboratory assistants at the Municipal and State Hospital for their kindly co-operation, and Dr. E. P. Corson White of Philadelphia for references and literature on the subject.

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A PLEA FOR MORE CAREFUL PRACTICE OF DERMATOLOGY.

BY WINFIELD S. DE VAUSNEY, M. D.,
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York Skin and Cancer Hospital,
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In all the great branches of medicine and surgery there is not one so vastly important and so worthy of our greatest consideration as are diseases of the skin, but I am sorry to say, with all due respect, are so sadly neglected in regard to both diagnosis and treatment. Think of the great office of the integumentary covering, how it not only incases and protects the underlying tissues, but how it regulates the body heat and governs the internal circulation. How it safeguards the nervous system, how in reality it is a vast external respiratory organ. How it excretes poisonous material when the kidneys are unequal to the task of elimination, and how perfect an eliminating organ it is in itself, and the most extensive and expansive organ of the body. The organ of equation to every organ of the body, how great the importance of the skin as a covering, impressing the internal organs, as illustrated in the use of counter irritants. How the fatal impress on life occurs when an extensive area is burned.

Now, how can we, in view of the above facts, when a case of dermatosis applies to us for help be satisfied with anything but a careful inspection and study in every possible manner of the skin lesion. As simple as the case may appear at first sight or any of its elements, it is quite possible for various portions of the eruption to exhibit very different features, and unless therefore the disease is taken as a whole, and also unless it is understood in each and all its parts, no perfectly correct diagnosis will be arrived at, and consequently no intelligent Therapeutics will be adopted.

The first consideration has to do with the examination. To observe diseases of the skin satisfactorily it is necessary to have

plenty of daylight; artificial light is not of much use. In order to bring out the separate features of the eruption, use a good lens about two inches in diameter. Of course in doubtful cases of parasitic or vegetable eruption, etc., use a microscope as well. Never be satisfied with inspecting only a portion of the eruption present, but insist on viewing the whole diseased surface, and it is important to examine the neighboring healthy skin as well. It is likewise very necessary to observe and note carefully the distribution of the eruption, for different affections have especial seats of predilection and different modes of development and arrangement of their elements. It is important always to discover the primary lesion of the eruption. Sometimes the earliest stages are not present at the time, all lesions having passed into a more fully developed or retrograde state, but previous conditions may be generally learned by accurate questioning.

The diagnosis in diseases of the skin is made by recognizing the actual characters or features of the disease present, and their likeness to a well known lesion or malady of the skin, and by exclusion, viz.: by considering other eruptions which the one present might be mistaken for, and excluding each in turn, by the absence of some particular distinctive feature belonging to it, viz.: circular form and irregular location of patches of ringworm; disposition of vesicles of zoster, along the lines of nerve tracks; preference of psoriasis around joints, scalp and extensor surfaces of the body, etc. After examination of the skin has been completed and a case in question has been one of long standing, and is not of a parasitic nature or an occupational disease, make a careful physical examination and a qualitative and quantitative urinalysis, because we cannot have a healthy body without a healthy skin.

Next in order we will endeavor to outline in a general way; first, the external treatment. Before prescribing, consider the texture of the skin and the nature of the lesions, viz.: if weeping use an astringent lotion or dusting powder, if lesions are dry and scaly, put on bandages soaked with oil of sweet almonds, to remove the crusts first, then afterwards apply the treatments. It is a good rule in most cases of skin diseases to avoid much bathing, unless the water has been modified by alkalies, etc. Sweet milk, oil of sweet almonds or olive oil can be used as a cleansing agent. Study the comfort of your patients as much as

possible, avoid smeary and ill-smelling salves, also those that stain and destroy the clothing; when this has to be the case, do not fail to tell them of this fact, and instruct them to use bandages and roughly made cheese cloth undergarments to overcome these objections. Be careful of using ointments or lotions containing tar, glycerine, carbolic, salicylic or pyrogalllic acids. A lotion being generally more grateful and comforting to most individuals, use it whenever possible. Conditions existing on fingers or toes, each member should be bandaged separately; always insist, after an application of any nature to a part, that a light bandage be applied to prevent the medication from being rubbed off by the undergarments. Before reapplying any local treatments, tell the patient to gently wipe over and around the affected parts, with a piece of cotton, which has been previously dipped in olive oil; this acts not only as a cleansing agent, but also will prevent caking.

In skin lesions occurring on infants and young children, in order to prevent further damage to the skin, by the nails in scratching, instruct the mother to make cuffs out of paste board, wide enough to tie above and below the elbows. In order to outline the internal treatment, the dietary of the patient must be thoroughly gone into. His tastes, wants and idiosyncrasies are to be consulted, for sometimes articles of food, usually readily digested by others, may in individual instances, be not only distasteful but disturbing and fermentative. As a rule, the well-to-do classes consume too much nitrogenous food, and this is not infrequently a more or less damaging factor in some of the inflammatory diseases. Even with this, however, an extreme position is generally unwarrantable, for there are cases encountered in which gastric weakness is a cause and in which starches are badly born. The stomachic condition overcome, or palliated by chiefly a meat diet.

Have the above and following factors well in mind, to use as a guide in advising the patient. In regard to the diet of adults with acute conditions, viz., eczema, various forms of dermatitis, etc., it should be light and unstimulating, little if any meat; while in chronic cases it should be as nutritious as possible, but simple. Although it is rather difficult to outline dietary, as this matter must be guided on general principles, I will endeavor to comment on some of the common articles: Milk should be taken entirely alone, warm and on an empty stomach

one hour before or two hours after meals, be sipped, not drank. If it constipates add more cream; if it disagrees add lime water. Remember this fact—it should never be taken as a beverage with meals. Tea used excessively is harmful, because not only of its constipating effect, but of its tendency to increase the nervous tension. Coffee should be taken in great moderation and well diluted. Alcohol acts badly in most all skin diseases, and should be most carefully avoided. The fermented liquors are the most harmful. Water should be taken quite plentifully, not iced, not much with meals, but preferably before or between meals. Soda water, on account of its chemical reaction on the stomach secretion, should be prohibited in most diseases of the skin. Meats—beef, mutton, pork and veal—act very harmful in most cases of skin diseases, and especially so if the meat is salted or pickled. Soup sometimes acts badly, particularly if rich and greasy. Fish baked or boiled—not pickled or salted—is useful in replacing meat. Vegetables—cabbage, cauliflower, sweet potatoes, bananas, rhubarb and apples—are absolutely to be prohibited from the dietary of one suffering from any skin lesion; the former ones on account of their indigestibility and the last two on account of their acidity. Condiments—spices, pickles, olives, pepper, stimulating sauces; gravies, dressing of poultry, hot bread, pastry, and sweets are decidedly contra indicated in every case of skin disease.

The next in order and lastly to consider are the drugs to be given internally, and they are to be modified by age, history, sex, diagnosis, physical condition and urinalysis. In addition to these points, as different types of individuals are more prone to have skin affections than others, those of light complexion and hair being more inclined than those of darker hue, it is worthy of our consideration to study them. Families present the same peculiarity and seem liable to various diseases of the skin. Some affections are undoubtedly hereditary to a greater or less extent, such as syphilis, leprosy, cancer, psoriasis and rarely eczema. The gouty, strumous and nervous habits or states, whether hereditary or acquired deserve consideration.

The drugs given internally in the treatment of diseases of the skin are the gastrointestinal antiseptics, such as salol, sulphocarbolate of sodium, etc., to be given in cases of auto intoxication, viz.: urticaria, erythema multiforme, pompholix, acne.

eczema, etc. Diuretics, very useful in inflammatory and hyperemic affections, as psoriasis, eczema, acne, etc. Saline diuretics are the best; potassium acetate, citrate, or bicarbonate to be taken with a liberal amount of water. Aperients are useful by their aid in getting rid of the toxic product, especially in inflammatory conditions, and in helping to maintain, in cases where such does not exist, daily, free action of the bowels, various natural aperient mineral waters. Phosphate of sodium podophyllum, calomel and sodium bicarbonate, cascara sagrada etc. Tonics, useful in cases of lack of general tone and debility, as eczema, acne, pemphigus, etc.

General alteratives, the chief of this class are the mercurials and iodine preparations. There can be no question of the value of mercury in both the early and late stages of syphilis and of the iodides in the late syphilitic manifestations. The iodine preparations, syrup ferri iodide, Lugol's solution, etc., are not without effect in strumous cases.

Under this heading we must not forget arsenic whose chief value seems to be in those cases of sluggish inflammatory neurotic types, as psoriasis, Duhring's disease, pemphigus, lichenplanus and some eczemas.

Salvarsan which has justly found its proper field of usefulness in the treatment of lues. Happily the day is far spent when it is, as it formerly was, looked upon by the profession as a cure for this disease. It is to be given in small and frequent doses. It is to be used only in selected cases, among these where a rapid healing of a gummatous lesion is desired and in any advent only as and adjuvant to a course of mercurials.

In regard to analgesics and antipruritics, while very useful in treatment of herpes zoster in most other cases they are apt to cause aggravation by their after-effects. The antipruritics used sometimes to give a night's rest are bromides, chloral, cannabis indica, etc., but on the whole they are to be avoided, local applications taking their place.

Now I fully realize that this papers covers but lightly this great subject of internal treatment, but my object is to correct the error for one to practise Dermatology with the aid of the ointment pot alone; just as it would be, on the other hand, to endeavor to combat marked changes in the cutaneous integument by simply forbidding certain articles of food, but to look upon the whole situation from a general point of view and

endeavor to find out and treat existing internal conditions as well as external ones.

JEJUNOSTOMY.*

BY E. ZEH HAWKES, M. D.,
Newark, N. J.

Until two years ago, jejunostomy was to me merely a name. Then without any expectation of aiding my patient, without any realization of its possibilities for good, I employed the operation. Since then I have come to look upon jejunostomy as one of my most valuable surgical assets. I am inclined to think that there may be other surgeons who, like myself, have been slow to appreciate the great value of jejunostomy. I, therefore, take pleasure in reporting to this society the four cases on whom I have performed jejunostomy.

Case I.: J. J. N., aged 30, first seen January 6th, 1915. For several years he had had symptoms of ulcer of the stomach. On January 9 the abdomen was opened, and a large saddle ulcer of the lesser curvature of the stomach was found and excised. Gastro-enterostomy was not performed. During the next few days vomiting was frequent and uncontrollable. On January 14 the abdomen was re-opened and, believing that the pylorus had been narrowed by the previous operation, I did gastro-enterostomy. After this operation the patient continued to vomit as before. At the end of four more days his condition had become desperate. He had now vomited persistently for eight days, during which time he had gastric lavage every three or four hours and large quantities of fluid had been given by rectum. The patient's face had become sunken, his tongue was dry and brown, his pulse had become rapid, he was restless, slightly delirious, he did not sleep; he seemed about to die. As a last resort, and without much hope we decided to perform jejunostomy, which was done under novocain local anaesthesia, a catheter being sowed into the jejunum. As soon as the operation had been completed, eight ounces of dextri-maltose solution were poured through the tube into the jejunum. Eight ounces of fluid were given every hour and a half thereafter. That night the patient slept. In the morning his appearance had improved but he was still vomiting. During the next three days he vomited just as before, but his general condition constantly

*Read at the meeting of the Practitioners' Club, Newark, held February 5, 1917.

improved; his sunken face filled out, his pulse slowed down, his restlessness disappeared. Vomiting then ceased spontaneously. After twenty-four hours without vomiting he was given water by mouth, then gradually other fluids, and finally solid foods. The jejunostomy tube was then removed.

There can be no doubt that this man's life was saved by jejunostomy; the water and nourishment which had been poured into the jejunostomy tube tided him over till stomach function was restored.

Case II.: F. C., aged 56, first seen the latter part of July, 1915. He was pale, of lemon color, had lost much flesh, appeared very weak. Seven months previously he had had a sudden attack of abdominal pain, followed by obstructive jaundice which had lasted three months, which in turn was followed by constant abdominal pain and weakness. On July 31st the abdomen was opened and empyema of the gall bladder found, the gall bladder being adherent to the first portion of the duodenum. Cholecystectomy was performed. The patient made a slow recovery and left the hospital somewhat improved; soon, however, pain returned; he vomited and had distress after eating. Sept. 9th his abdomen was again opened and an indurated ulcer of the posterior wall of the second portion of the duodenum found. This ulcer had evidently been present at the time of his first operation but had not been discovered. Gastro-enterostomy with occlusion of the pylorus was performed; after operation the patient vomited persistently, not influenced by gastric lavage, his pulse became more rapid and weaker, he became restless and delirious. On September 13th, four days after gastro-enterostomy, in the hope of tiding him over his emergency, jejunostomy was performed under local novocain anæsthesia. The patient died a few hours later. In this case jejunostomy was postponed until it was too late.

Case III.: J. D., aged 49, had stomach symptoms for two years; during the past six months he had suffered so much pain that he chose to eat very little and had lost much flesh. At the Polyclinic Hospital, New York, a laboratory and x-ray diagnosis of cancer of the pylorus was made and operation advised. Wishing to be operated on near home so that his family could come daily to see him, he came to me to do the operation. He had lost so much flesh and was so weak that I feared he had not strength to stand gastrectomy, so de-

cided to do preliminary jejunostomy. Jejunostomy was performed November 2, 1916. During the next eight days large quantities of water and fluid nourishment were poured into the tube, which resulted in marked improvement in the patient's general condition. On November 10 partial gastrectomy was performed, followed by gastro jejunostomy by the Polya method. The operation was well borne, and convalescence was uneventful. Jejunostomy in this case had converted a bad operative risk into a safe risk.

Case IV.: J. S., aged 41, had had stomach symptoms with food pain for many months. Six months before I saw him, Dr. Pilcher of Brooklyn had made an x-ray diagnosis of hour-glass stomach due to ulcer, and had advised operation. At this time patient had refused operation, but his symptoms had increased, and when he came to me he desired operation. My clinical diagnosis was ulcer near the pylorus. At operation, December 28, 1916, an extensive induration was found near the cardiac end of the stomach, completely surrounding though not obstructing the cardia and making mobilization of the stomach impossible; the disease seemed to be cancer and inoperable. The best that we could do for him seemed to be to relieve his pain by taking away the necessity of gastric feeding, which could be accomplished only by duodenostomy or jejunostomy—the latter was performed, the tube being sewed into the jejunum at a point about sixteen inches from its origin. It is now nearly six weeks since operation; the patient has been free from his stomach pain, although he has suffered from cystitis, due to catheterization; in fact he has been so free from stomach pain that I am beginning to think that what appeared to be cancer may be extensive ulceration with great induration. If it be ulcer, prolonged stomach rest will give opportunity for cicatrization, and may produce cure.

I do not think that I can add to the discussion of jejunostomy much that is not covered by the case histories of these patients. I would like, however, to summarize my views. The indications for jejunostomy may be grouped under two main classifications—first, to give rest to the stomach; second, to supply to the patient's system nourishment that cannot be supplied in any other way unless it be duodenostomy. Under the first heading—that is rest for the stomach—we may include as indications: first, frequent gastric hemorrhages; second, ex-

tensive ulcer or cancer of the stomach, as in my Case IV.; third, following any stomach operation, when there is doubt of the suture line, or when for any other reason the surgeon wishes to avoid the necessity of stomach feeding. Under the second heading may be considered: first, jejunostomy performed as a preliminary operation to build up a weakened patient, so as to put him in the class of good surgical risks; second, as a post-operative measure to tide the patient over a crisis during which stomach function is suspended as in my Case I.; third, cases of hopeless and inoperable stomach disease in which we desire to lessen the patient's suffering by permanently obviating the necessity of stomach feeding.

From the literature on the subject I have received most help from the writings of Mayo Robson and William J. Mayo.

PROCEEDINGS OF THE

New Jersey Joint Conference on Tuberculosis

Held in the Board of Health Building,
Newark, December 5-7, 1916.

(Continued from page 157 April Journal.)

DEC. 7th, EVENING SESSION.

Dr. R. H. Hunt, East Orange, Chairman.

After the address by Dr. W. H. Park—as outlined in the April Journal—Miss Elizabeth Gregg, Superintendent of Nurses, New York City Department of Health, was introduced and presented the following paper on:

"The Tuberculosis Nurse in Relation to the Municipality."

The relationship of the tuberculosis nurse and the municipality is one of dual responsibility; each has a responsibility to the other and to the community; and the value of the nurse as a factor in the prevention of tuberculosis, and the fulfillment of her responsibility to the community, depends to some extent on the recognition by the municipality of its obligations to her.

I think it is pretty well agreed among the medical profession that the social aspects in tuberculosis are of equal importance with the medical—that an intimate knowledge of the habits, environment and conditions under which a patient lives and works is as necessary to the successful handling of the problem as the administration of medicine and the diagnosis of the

case. While the examination and diagnosis are, of course, of primary importance, these would be valueless, apart from furnishing a statistical report of the prevalence of the disease, without the supplemental follow-up work which is the duty of the nurse. It is a peculiarly fitting work for a woman because it means going into the home and family, and requires patient and painstaking care to obtain information in details that throw light on the contributing causes of the disease, and which are of interest and great assistance to the medical profession in its attempt to reduce and eventually stamp out tuberculosis.

No one has greater opportunity for doing preventive work than the tuberculosis field nurse, no one has a wider field in which to work, for in her path comes every conceivable condition which contributes to development of disease. She certainly has a multitude of problems that it is her duty to solve and adjust, for they are so closely interwoven with tuberculosis that it is not possible to treat one without treating the other.

Her battle is against ignorance, prejudice, bad air, filth, alcoholism, overcrowding and ever-present poverty. It is often a lost battle to her, or is a drawn battle because of poverty; but she looks forward to the success of the fight in the long run because of the increasing knowledge of hygiene among the masses, the continuously improving sanitary conditions in dwellings and workshops, and the present spirit of the people in urging the establishment of bureaus by the government for the study of industrial and economic problems that must ultimately result in the betterment of the working classes.

Her usefulness is in sensing all the complications that contribute to or follow in the wake of the case, and then setting about applying the remedy. There is first the disposition of the patient—whether he should go to hospital or sanatorium—or with good care perhaps continue his work and live at home with his family. To ascertain which of these is the course to pursue, she gets him examined. If any other member of the family appears poorly nourished or the children seem to be suffering from adenoids or other physical defects, she has them examined also. At the same time she sets about improving surrounding conditions by instruction in the laws of health and the value of preventing illness rather than treating it; and then in a friendly way work out a plan with the mother for the readjustment of disordered conditions.

There is more often the problem of idleness with its consequent anxiety and shortage of food; there is at other times indifference or quick resentment against supposed interference with personal rights; and there is the family difficulty of desertion or non-support; in fact, there is no difficulty that does not confront the public health nurse. The scope of her work covers every phase and aspect of disease and the conditions that impede physical progress. She is after the contagious and communicable diseases that constitute the largest proportion of the death rate, after the defects that hinder the physical and mental development of the school child, after conditions that retard the vigor of the race, as the environment that handicaps the new baby, and after the ignorance that defeats nature where children born strong slide back into sickness for want of proper care.

It is the individual instruction and the personal touch that makes the nurse an indispensable factor in any program of public health education, for it is only by this means that the class is reached for whom such instruction is most necessary. Literature and even moving pictures are soon forgotten, but a personal visit and instruction that hits the mark and affects the individual is what counts most. In small communities or rural districts all kinds of public health activity, in addition to the bedside care of patients, will fall to the nurse, and she will find herself called upon in conjunction with the country practitioner to address the people of the community and arouse them to a sense of the dangers they are facing in allowing conditions that are a menace to health to exist in their very midst.

In the nurse's daily rounds in the quarters where her services are most needed she has opportunity of observing violations of sanitation that everyone seems quite indifferent to, as accumulations of rubbish that furnish breeding places for flies and mosquitoes, or a typhoid patient in overcrowded quarters and cared for by people ignorant of the fact that they are violating every health law. In such community work, if she possesses organizing and managing qualities, she will utilize every facility she finds at hand in her plan of health education and make public health work intensely interesting to the people.

To do her work effectively she requires the quality of a teacher—she must be able to impart information in the simplest terms and drive it home by an earnestness of pur-

pose. She must show people *how* and tell them *why*; she needs a vast store of knowledge of community resources; she should possess the knack of securing co-operation and assistance by her own good will in being helpful to others in her own capacity. She needs a broad human sympathy which begets patience and toleration with the failings of human nature. In short, she must have soul or personality, or whatever you want to call it. We are all dependent on each other individually and collectively; not only for the material needs of life but for moral support and help in the happenings of every day, and the person who is an inspiration and a guide and a leader is as great a benefactor as the one who supplies the necessary wherewithal to live.

There is perhaps no person more dependent for comfort and support upon another than a person suffering with tuberculosis—not strong enough to follow his regular work and not acutely ill enough to be content to remain in bed—he finds his hands tied and an enforced idleness thrust upon him that gives him time, perhaps the first time in his life, for reflection; and as he reflects he needs fortitude and courage to be of good cheer. It is here that the nurse must give of herself, and to call this quality of broad human sympathy the milk of human kindness is perhaps the best way to define it, for it flows out in good will to others and is food to those who are in need of it and who are perhaps almost, unconsciously to themselves, hungering for it. It prompts little kindnesses that the patients value so highly and treasure up in their minds, and which are, after all, nothing more than innate true politeness. Like the quality of mercy this quality is twice blest for those who possess it, for in addition to its comfort to the patient, it creates an enthusiasm that converts work into pleasure, it quickens the mind with constructive ideas and an eagerness for accomplishment that gives zest to what is considered by the barren mind as humdrum. It is able to discern something uncommon in the commonplace and can see the divine spark flash out now and again in the unfortunate derelict; for the municipal nurse, whether engaged in field or hospital, numbers among her charges those discarded from all quarters.

There is no branch of public health work that gives the same opportunity for rendering service, when one has the vision that carries beyond the prosaic and the dull monotonous routine, and that looks forward to the future for results that are sure to come.

Such a nurse is a most valuable asset in the tuberculosis campaign both to the cause and to the community. The results of her efforts are much more far-reaching than she reckons herself, for as those engaged in the work for any length of time come to realize, for episodes that have entirely escaped their minds are brought to their attention in the most casual way and it is their best recompense—to know that sometimes where they did not expect it—seed has taken root and borne fruit.

You will say I have depicted an ideal person and that such are few and far between. I grant you that they are not arriving on a large staff as a matter of routine occurrence, but they are to be had and should be sought for because they are a stimulus to their co-workers; and further, unless these qualities are possessed to a fairly good degree, the nurse will find her work distasteful and prove of little value in the tuberculosis campaign.

Such is the responsibility of the nurse and now what is due her in return. She must needs first of all have good health to keep up her cheery outlook on life and her brightening influence on those who need her; and to preserve this too much of her leisure time should not have to be devoted to study. She should have sufficient time for rest and diversion. Her work should not be limited to humdrum every-day routine that becomes monotonous, but should be made interesting with lectures, conferences and excursions to institutions relating to it, in order to develop a higher standard of efficiency; and this time of study should be so arranged as to come within her hours of duty. She needs this form of education to keep abreast of the latest developments of her line and to keep her mind stimulated. Occasional special lectures or conferences in the evenings constitute a diversion and are very much enjoyed, but as a regular routine procedure after a day's work they are invariably considered irksome.

There should be granted time and means of attending conventions, to such few of a staff as would bring back a stimulating message. It is needful to meet and discuss one's work with others similarly engaged and derive the benefit of another's point of view, and see your own work from another angle. This attendance at conventions should be in the nature of an assignment and a report and new suggestions expected in return. Her salary should be sufficient for some cultural advantages. She should be able to acquire what is good in literature and art without

exhausting her entire resources. She needs this educational entertainment in contrast to the sordidness of much that she encounters daily, and for such advantages she returns a rebate to the municipality in the quality of her work.

As to vacation—a month should be granted. Three weeks and throughout the year an aggregate of fourteen days sick leave, is not a bad arrangement, but there are some whose sense of duty finds them at their appointed task daily, while others, for very slight indisposition, avail themselves of all the privileges. It would seem only a just appreciation of the conscientious to grant a month to those who lost no time during the year. This is sometimes argued against with the statement that it would induce some who, in justice to themselves and their work should not attempt to be on duty, to report when physically unfit; but I do not think this would often occur.

It is a pretty general plan at the present time for employees to have a physical examination once a year, but with a tuberculosis nurse, especially if engaged in hospital work, it would seem that once in six months would not be too frequent. At least re-examination should be made whenever there was indication of her getting below par or suffering from frequent colds. In case of serious illness, sufficient time for recuperation should be allowed with pay.

A pension law is a necessary provision for the tuberculosis nurse for it relieves her of anxiety with regard to the future, when she will no longer be able to continue the arduous kind of work in which she is engaged, and when the fact that she is "not young enough" will be the only disqualifying argument that can be brought against her, should she have to seek other fields for her maintenance.

And last, nurses should have representation on the governing committees of the organizations of which they are a part. They should be able to present their problems from their own point of view and argue their reasons. Their work is certainly of acknowledged importance and if they fulfill their obligations to the municipality and the medical profession and the community, I think there can be little doubt but that their opinion is of value in the administration of nursing affairs.

I have dwelt upon the personal qualifications of the nurse because there is perhaps no work more dependent for success on the personality of the worker than public health nursing. It goes without saying that she

must have the skill and technical knowledge acquired by training; but all are not temperamentally fitted to cope with the conditions met with. The ability to "put yourself in his place" is essential and while sympathetic, not foolishly so. It takes experience and common sense to make a good public health worker.

At the conclusion of the scientific part of the program, the following items of business were transacted:

On the motion of Dr. Crankshaw the following resolutions were read and unanimously adopted by the conference before adjournment:

That the slogan of the New Jersey Joint Conference on Tuberculosis be "Facilities for the care of all the tuberculous in New Jersey by 1920."

For the purpose of carrying into effect this slogan, the New Jersey Joint Conference on Tuberculosis adopts this program:

1. Every county to have sanatorium provision within or very near its boundary for all the tuberculous.

2. Well-organized and properly supervised public health nursing service to be extended to all parts of the State.

3. Facilities for the physical examination and medical supervision of all patients to be provided in the dispensary or by other arrangements.

4. All living cases of tuberculosis to be reported to the local board of health.

5. Such careful, painstaking follow-up work by the local health officials or by others where health officials fail as will insure proper supervision at home for all cases that cannot be induced to accept hospital or sanatorium care.

6. Thorough cleansing of the premises after every removal or death of a tuberculous patient.

7. A more intensive study of the tuberculosis problem in relation to the State and the several communities within the State, and a full presentation of the facts to the public. Concentrated efforts during 1917 to attempt to obtain one bed for each death.

It was further resolved that it is the sense of the conference that the Temporary Organization Committee be continued as a permanent Executive Committee and that an annual meeting be held at such time and place as shall be fixed by the New Jersey Joint Conference on Tuberculosis. The Joint Conference then adjourned.

For the Officers of the Joint Conference on Tuberculosis for 1917-18, see page 209.

County Medical Societies' Reports

ATLANTIC COUNTY.

Byron G. Davis, M. D., Reporter.

The regular April meeting of the Atlantic County Medical Society was held at the Hotel Chalfonte, Atlantic City, on Thursday evening, the twelfth.

Dr. E. B. Clement of Atlantic City opened the scientific program with a talk on "Practical Phases in Laryngeal Diphtheria."

Dr. E. H. Funke of Philadelphia gave a very interesting lantern slide demonstration and discussion of the "Pathology of Some Mistaken Diagnoses of the Chest."

Dr. Funke confined his remarks to the chest cases which are mistaken for pulmonary Tuberculosis, among which are: Bronchiectasis, neoplasms, abscess of the lung, primary carcinoma, secondary carcinoma and aneurysm of the arch of the aorta. The discussion was based on cases which were studied and followed to necropsy.

Dr. Martin H. Fischer of Cincinnati, read an interesting paper on "The Medical Aspects of Fat Distribution in Protoplasm."

Dr. Theo. Senseman presented a case of spina-bifida and discussed the operation and prognosis.

BURLINGTON COUNTY.

H. Eugenia Whitehead, M. D., Reporter.

The regular meeting of the Burlington County Medical Society was held April 11, 1917, with twenty-five members present, at "The Inn," Browns' Mills-in-the-Pines.

The meeting was called to order by the president, Dr. Lyman Hollingshead, about 1 P. M., and the regular order of business was transacted.

Dr. J. Boone Wintersteen of Moorestown, a member of the Legislative Committee of the State Society, gave a very interesting and instructive report regarding rules and regulations adopted by the Legislature as to the rights and privileges of the School of Osteopathy, etc., and a vote of thanks was extended to him for the same.

The application for membership of Dr. Edwin R. Hunter of Delanco, was voted upon and he was elected.

Communications from the Medical Reserve Corps of the Army and Council of National Defense were acted upon. Dr. McFarland and Dr. Conroy of Burlington, have enlisted and are expecting a call at any time. The physicians who remain at home are expected to attend the practice left by those who enter the war; consideration for this work was talked of, but nothing definite decided upon.

The society expressed sympathy for Dr. George E. Harbert during his recent illness, being glad to hear of his rapid improvement, and trusts he will soon be able to attend the meetings again.

Dr. George A. Jennings, chairman of the Section of the Practice of Medicine, then took charge of the meeting, introducing Albert E. Roussel, M. D., of Philadelphia, who entertained the members with a most excellent paper, the subject of which was "Myocardial Degeneration and the Treatment."

Martin E. Refuss, M. D., of Philadelphia, was next introduced, and gave a splendid talk on "The Newer Conceptions of Diseases of the Stomach."

Miss Flynn, who is studying medicine in New York, was a visitor.

We found "The Inn" a very homelike and pleasant place at which to hold our meeting, and thanks are due Dr. Newcomb for the management and reception given to all present. While we did not "pick violets," as usual at this season, the trailing arbutus, for which Browns' Mills-in-the-Pines is noted, was showing its pink and white heads above the lawn in sunny spots.

A fine repast was served and it was undecided about the place for our next meeting in July.

CAPE MAY COUNTY.

Eugene Way, M. D., Reporter.

The quarterly meeting of the Cape May County Medical Society was held at Cape May Court House on January 30, 1917, with the following members in attendance: Mayhew, E. Way, Corson, Douglass, Haines, Marcy, C. W. Way, J. Way, Mace and Dix. President Mayhew in the chair.

Dr. Clarence W. Way, U. S. Coast Guard Surgeon, read a paper on "Anti-Typhoid Inoculation." Citing his own personal experience, its use in private practice and in the Coast Guard Service, and also giving a resume of reports of its use in the U. S. Army, showing conclusively that it was a safe, reliable and dependable agent and should be used in all cases when there was the slightest danger of typhoid infection.

Dr. W. P. Haines exhibited a number of x-ray plates showing "Surgical Blunders," and results of corrections in some cases.

Dr. Frank R. Hughes read a paper on "Phylacogens," showing remarkable results in a number of cases, and warmly recommended its use in general practice. He also exhibited a patient with compound fracture of lower jaw and ulna, showing x-ray pictures of the case; the result being unusually good.

Dr. Allen Corson read a paper on "Infantile Paralysis," embodying his personal experience in several cases, and also suggested several changes in the quarantine laws.

Dr. J. M. Dix reported the case of a patient scalped by machinery where silver foil was used with good results.

The Society inspected the new County Hospital, and expressed itself as greatly pleased with the institution. The County Alms House was also inspected and the keeper, Lewis S. Douglass, congratulated on the efficient and sanitary manner in which it was conducted.

CUMBERLAND COUNTY.

Elton S. Corson, M. D., Reporter.

The semi-annual meeting of the Cumberland County Medical Society was held at the New Laurel House, Bridgeton, April 3. Dr. C. M. Gray, president, presided. Drs. Irene Chandler, M. A. Hallowell and Fred. P. Wainright were elected members. Drs. Roy Simpkins and W. P. Rickert were proposed for membership. A committee was appointed to canvas the medical profession of the county for recruits to the Army Reserve Corp.

A resolution against the establishing of a central maternity hospital was passed. The prevailing sentiment favored the use of hospitals already established as giving all the results needed.

The scientific feature of the meeting was an address by Dr. Fred H. Albee, New York City, entitled "Experiences in War Surgery in France," illustrated by motion pictures. His own original method of bone grafting was beautifully illustrated. Prosthetic surgery of the face was shown in the restoration of the features after destruction of ear, nose and jaw. The various neuroses, organic and functional, were exhibited and explained. The removal of a large dermoid cyst from the buttock of a child was shown, largely for its spectacular effect. I can not too highly commend the benefits to be derived from listening to the address. Especially grateful does the Society feel to Dr. Albee for spending so much time in coming down to visit us. The next meeting will be held at the Weatherby House, Millville.

MIDDLESEX COUNTY.

Herbert W. Nafey, M. D., Reporter.

The regular monthly meeting of the Middlesex County Medical Society was held at the Packer House, Perth Amboy, April 18th, 1917.

The regular order of business was transacted, during which Dr. F. M. Donohue reported on communications he had received from the State and national military committees. The report gave in detail the requirements and procedures for admission of medical officers into both branches of the service.

It was regularly moved and seconded that the next regular meeting be devoted to the preparedness question and that an effort be made to have the society addressed by Colonel Page, Medical Corps, U. S. A., and Dr. Dickinson, chairman of the New Jersey committee of the Medical Reserve Corps. Dr. Hofer, president of the society, extended an invitation to the society to hold that meeting at his home in Metuchen, N. J.

The committee on new members reported favorably on the names of Dr. G. F. Leonard and Dr. G. I. Applegate, both of New Brunswick, both recommended at the last meeting.

Dr. H. S. Martland was to have addressed the meeting, but owing to the pressure of recruiting work in which he is engaged, was unable to attend.

The president called upon Dr. G. T. Leonard of the Squibb's laboratories at New Brunswick, who spoke on "Thromboplastin," the new hemostatic which is now being manufactured by the Squibb Company. He capitulated the work done by Dr. Howell in which the latter showed that clotting depended upon the presence of something in the tissues. That blood extracted without being brought in contact with broken vessel walls or air could be kept in an unclotted state almost indefinitely and that this "something" was present in greatest amount in brain tissue. Dr. Hess of New York first extracted from cerebral tissue a product called cephalin. Cephalin is present in extract of cerebral tissue together with some other substance, which has not yet been isolated, the two substances acting together to bring about the clotting of blood in less than one-third the normal clotting time.

Thromboplastin is the Squibb's product containing the above two substances.

Dr. Leonard stated that originally it formed its use to check local hemorrhage. It has been found, however, that it may also be used hypodermatically for internal or concealed hemorrhage or pulmonary hemorrhage. He stated that D. Hess particularly recommended it in hemophiliacs.

Following Dr. Leonard's address Dr. Hunt of the State Board of Health spoke briefly on changes which had recently been made in quarantine regulation against contagious diseases. These, together with the details of a law making venereal diseases reportable under a penalty of fifty dollars for failure to report such cases, will be fully outlined in the next issue of "Public Health News." The latter act makes it mandatory upon anyone treating or prescribing for any venereal disease in any stage to report such a case with the age, color, sex, stage and probable source of infection. The first supplementary act makes it a misdemeanor for anyone who has a venereal disease to marry or have sexual intercourse.

After a lengthy discussion by the society on the merits of the preceding laws, a motion was made, seconded and carried, "That this society request the State Society to investigate this legislation and report any desirable amendments."

MORRIS COUNTY.

E. Moore Fisher, M. D. Reporter.

A special meeting of the Morris County Society was held at Memorial Hospital, Morristown, at 8.30 P. M., on April 24, 1917.

The purpose of the meeting was to hear Dr. Linn Emerson of Orange, New Jersey, on work of the General Medical Board of National Defense. Dr. Emerson explained that this board had been formed by the American Medical Association with the purpose, if possible, of improving the calibre of the medical men who might join the army in the event of war, so as to prevent, if possible, such occurrences as took place during the Spanish-American war when a great many more soldiers died of illness than from wounds. Each State has been organized to carry out this work. After some discussion the following auxiliary committee was appointed:

Dr. L. K. Henschel, president of the society; Dr. H. W. Kice of Wharton, secretary of the society; Dr. Clifford Mills, Morristown, vice-president; Dr. James Douglas, Morristown, treasurer; Dr. E. Moore Fisher, Greystone Park, reporter; Dr. F. H. Glazebrook, Morristown, Dr. W. F. Costello, Dover, of the executive committee; Dr. William James, German Valley, First Lieutenant of the Reserve Corps, by virtue of that office a member of this committee; Dr. Frederic H. Thorne, Pathologist of the State Hospital at Morris Plains and a Captain in the Medical Reserve Corps; Dr. Lawrence T. Collins, Junior Assistant Physician at the State Hospital at Morris Plains and First Lieutenant of the Reserve Corps.

The committee organized with Dr. Henschel, chairman, and Dr. Kice secretary.

Several members of the society stated that they had already filled out applications for positions in the Medical Reserve Corps of the

United States Army. A discussion then took place as to what should be done to help those physicians who were called upon to serve their country and a committee of five, with Dr. Harry Vaughan as chairman, was appointed to report on this subject at the next meeting of the county society. It was thought that this committee could evolve some plan so that a physician's practice would be cared for in his absence and returned to him intact upon his return from such duty as he might be called upon to perform.

A rising vote of thanks was given to the managers of Memorial Hospital, through Superintendent Dr. Landers, for the privilege of meeting at the hospital. After adjournment refreshments were served.

SOMERSET COUNTY.

J. Hervey Buchanan, M. D., Reporter.

The Somerset County Medical Society met in its bi-monthly session at the Ten Eyck House, Somerville, April 12, 1917. Dr. T. H. Flynn occupied the chair. Little routine business came before the society for action. Naturally, war matters as affecting medical men came up for considerable discussion and ended in the adoption of resolutions expressing loyal support and tendering the services of the society to the government in whatever sphere required. The society also resolved to help out any of its members while absent in military duty, and pledged its services when requested, to the dependents of any citizens away from his usual occupation in the service of their country. The scientific work being then in order, the society adjourned to a very able and instructive paper illustrated with slides by Dr. B. H. Whilbeck, assistant orthopedic surgeon to the Hospital for Ruptured and Crippled Children, New York City. This was greatly enjoyed by the members present.

UNION COUNTY.

Russell A. Shirrefs, M. D., Reporter.

The April meeting of the Union County Medical Society was held in Summit, N. J., on the 11th of that month, 33 members being present.

The usual order of business was suspended and Dr. H. H. Lyle of New York City introduced as the speaker of the evening. Dr. Lyle has recently returned from France and told of some of the work being done at the front, illustrating his talk with many lantern slides. He spoke of this war as a war against infection and said that much work was necessary in the field to prevent serious infection of the wounds. Nearly every wound is treated by one or more injections of tetanus antitoxin. Some slides showed the men in their bright colored uniforms as at the beginning of the war, and then the changes which were made in the uniform's colors later on. Pictures were shown of the different buildings used as hospitals, and the methods of treatment at the front. He also told of the treatment of wounds by the Carrel and excision methods. Told of the localization of foreign bodies by fluoroscopy; and how electric current, heat and hot water were obtained for the hospitals in the field. There were many other interesting reminiscences of his personal experiences at the front.

Dr. J. A. Ferrell of Westfield was elected a member of the Society. A letter from Dr. Philip Marvel was read, regarding the establishment of a county maternity hospital, and referred to a committee of three, with instructions to vote "no" on any action to establish the same.

The following resolution, submitted by Dr. Norton L. Wilson, was carried:

The principles of liberty and justice, upon which this great Republic is founded, are in danger, and the call to their defense comes to every true American. The President of our United States and both Houses of Congress have clearly and fully expressed the thought and feeling of the American people toward the Imperial Government of Germany, and have declared that government an enemy of the United States; and have also declared a state of war now exists between the Imperial German Government and her allies, and that of the United States of America. Fully appreciating the gravity of such an act and knowing no duty but that of loyalty and service to our country; therefore be it resolved, by the Union County Medical Society of the County of Union in the State of New Jersey, and each and every member constituting such body, that we heartily approve the acts of our President and Congress in declaring war against the Imperial Government of Germany and its allies. Further, that we and each of us do hereby pledge our loyalty to our President and to our country in the crisis that lies before us. Further, that the secretary transmit copies of these resolutions to the President of the United States and the representatives of the State of New Jersey in Congress.

It was decided to hold the next meeting of the society in Plainfield. After a rising vote of thanks to Dr. Lyle for his interesting talk, the society adjourned to social session, and a tasty luncheon.

Local Medical Societies' Reports

Clinical Society of the Oranges.

Walter B. Mount, M. D., Secretary.

A regular meeting of the Clinical Society of the Oranges was held on the evening of March 5, 1917, at the home of Dr. McCroskery in East Orange. Members present were Drs. Chamberlain, McCroskery, McLellan, Moulton, Mount, Parker, Ringland, Seidler, Smith and Warner; absent, Drs. Adams, Buvinger and Riggins. Dr. Bradshaw was the only guest. Meeting called to order by Dr. McLellan. Dr. Warner expressed his thanks for the desk given him by the Society after his recent illness.

Under reports of interesting cases, Dr. Parker reported a case of gangrene of the feet in a woman of 73 who had had a carcinoma of the breast removed. The wound healed perfectly and she went home in ten days. Ten days later there developed violent pain in the foot, which became very cold. At times no circulation could be detected in it for an hour; the circulation being restored by hot applications. There was no tenderness in the leg or thigh. In 24 hours the circulation was permanently obstructed and there was great pain with the gangrene. The same con-

dition occurred on the other side. There was no glycosuria and no evidence of kidney disease. Death occurred in 6 days.

Dr. Muta reported a case of acidosis in a child who had eaten potato salad for supper and early in the morning had a bad convulsion. For 3 days the respirations were between 60 and 70 a minute and there was some fever; the condition cleared up on the third day. There were no other convulsions. A central pneumonia had been thought of. The high rate of the respirations in acidosis was emphasized.

Dr. Warner reported a case of pernicious anemia in a woman of 30 who had been under treatment by a specialist because she had had dysentery for 4 years. Two years ago she had had an appendicostomy and the bowel had been irrigated with cold salt solution twice a day and later twice a week. The patient's mother had died of pernicious anemia at 48, and a sister had had the disease at 42. After 4 years of treatment the first blood examination was made and revealed a hemoglobin of 38% and a red cell count of 1,500,000. Dr. Warner also reported a case of pernicious anemia in a boy of 23 who continued nervily at his daily work, although he was very dyspnoeic and so pale that a diagnosis could be made on the street. His hemoglobin was less than 20% and the red blood cells less than 1,000,000. Glycerine, 5i-5j, and dilute hydrochloric acid, 3ss-3ss, were used alternately with benefit, and arsenic and iron hypodermatically. He died quickly.

Dr. Bradshaw reported that he had transfused 3 cases of pernicious anemia, of whom 2 had died and one was still living.

Dr. Chamberlain reported a case of severe secondary anemia in a woman in bad condition, with hemoglobin of 12 per cent. Transfusion was delayed by the family but was done just a few hours before death, when the red blood cells were 480,000 and the hemoglobin not readable on a Dare instrument. Dr. Chamberlain reported another case of anemia in a woman 7½ months pregnant whose hemoglobin was 20 per cent. She was built up till the hemoglobin was 40 per cent and then was induced, and was delivered of premature twins weighing over 6 pounds. The coagulation time of the blood was over 7 minutes. There was no haemorrhage postpartum and the patient did not seem or feel weak and looked well.

Dr. Chamberlain also reported two cases of haemorrhage of the new born. One baby was very low, had cerebral haemorrhages, very irregular, jerky respirations, retraction of the neck, a pulse of 48-54, bleeding from the nose, mouth and intestinal tract. One dose of normal horse serum was given before the babe was so desperately sick. Next morning the condition was worse; a dose of whole blood was given, and improvement then occurred. One more dose of whole blood was given. In the second case blood was noticed in the mouth 24 hours after birth. 20 c.c. of the father's blood was given subcutaneously and in an hour the bleeding ceased. Two later injections of the father's blood were given. After the first injection there was somnolence and occasional jerky movements of the arms and legs. On the third day the baby seemed absolutely normal.

Dr. Chamberlain also reported a case of cystic degeneration of the chorion in a negress of 32 who had 2 normal children. When first observed she was 4 months pregnant and had been bleeding irregularly for a month. There had been no profuse hemorrhage but merely spotting with cramp-like pains. She was put to bed as a case of threatened abortion. While in bed there was no bleeding, but a little bleeding recurred when she was out of bed. The uterus was larger than that of a 4 months pregnancy, reaching to 2 fingers below the umbilicus. Labor was induced by gauze packing, as it was thought it was an early case of placenta praevia. Strong pains had occurred before the packing was inserted. The cervix was dilated; it was not soft and not obliterated; it was thought that the placenta could be felt all around inside the cervix, and an unsuccessful attempt was made to rupture the membranes. The placenta could not be broken through, but there was brought out what was thought to be a piece of placenta, but it looked like a bunch of grapes and consisted of cysts in great numbers. The uterus was cleaned out, irrigated, and packed. Later the patient began spitting up blood. The sputum was to be examined for tubercle bacilli. Physical examination of the lungs was negative. In a case of cystic degeneration of the chorion several well-known authorities advise emptying the uterus, watching for irregular bleeding, then curetting when this occurs, and examining the curettings for evidence of new growth. This seemed like poor advice. The uterine muscle is often involved and one may easily perforate the uterus in emptying it. Fifty per cent. of the cases of chorio-epithelioma grow rapidly, metastasis occurs quickly, especially in the lungs. There is no way of telling when metastasis commences. Immediate hysterectomy seemed to be the best procedure.

Dr. Ringland reported a case of hemorrhage of the new born in a child 5 days old. The mother had had 5 healthy children. On the fifth day after birth such a profuse hemorrhage occurred from the umbilicus that the baby was exsanguinated. A mattress suture was put through the base of the umbilicus, but at the end of 5 hours there was a sudden hemorrhage. Then the navel was dissected out and a suture was placed deeply and controlled the bleeding. Normal horse serum was given. Twelve hours later death occurred from another hemorrhage from the umbilicus.

Dr. Smith reported a case of hemorrhage from the navel occurring after the cord had been detached. Bleeding recurred in a few hours after suture but was controlled by injections of human blood. Dr. Smith thought it was better to use blood from an individual outside of the family. Dr. Bradshaw said that he had given 10 c.c. of human blood serum every 2 hours for 48 hours to a lady and that one cannot give too much to such cases.

Dr. Chamberlain reported a case of hemophilia in an adult following a nasal operation. For two weeks he was given serum and human blood from a brother and others. For 2 months there remained a blood-tinged discharge on blowing the nose. Two years later a tooth was extracted and he had a protracted hemorrhage. "Once a bleeder always a bleeder" seemed true. The whole blood is better than the serum because it contains more fibrin-

forming elements. Dr. Parker reported an instance of 5 bleeders in a family of 5 children. Teeth could not be extracted. From a cut the bleeding would continue for 12 hours but could be stopped by horse serum, which also had to be given for nose bleed.

Dr. Parker reported a case of tuberculous dactylitis in a woman of 32 whose finger was much enlarged, tender and red, and there was a little fever. The lungs were negative by physical examination and x-ray. Amputation was suggested but the patient was lost sight of. Ten months later there was a typical white swelling which was not painful, and there was miliary tuberculosis of the lungs. Amputation of the finger might have saved her life.

Dr. Muta reported a case of tuberculosis of the wrist which improved under tuberculin. The lungs were negative. The wrist was saved and grew smaller and improved in function, but tuberculosis of the lungs developed later.

Dr. Bradshaw showed an x-ray print of gall stones in the gall-bladder, taken after the removal of the gall-bladder.

Clinical Society of the Elizabeth General Hospital and Dispensary.

Jacob Reiner, M. D., Secretary.

The regular monthly meeting of the Clinical Society of the Elizabeth General Hospital and Dispensary was held on Tuesday evening, November 21st, at the Hospital. The following is a report of the meeting:

Dr. Michael Vinciguerra reported the following case:

John S., an Italian boy of 2½ years of age was brought in my office about two months ago with a complaint of restlessness and pain on urination. The pain was severe in character and was experienced before, during and long after micturition. The flow of urine was slow and irregular. This condition had persisted for ten days, during which period he had hematuria twice. The child was fairly well nourished. His face was pale and had a suffering expression. The physical examination with the exception of eliciting pain on pressure over the undistended bladder, was negative, pulse 116, temperature 100 F. Seven days later, or on the 17th day of his ailment, he passed a good size stone through the urethra, fainting during the act of its expulsion. In looking up the literature, it seems that most of the pediatricians agree that similar finding is rare in children under ten years of age, notwithstanding the fact that their kidneys, from early life are loaded with calculi. Holt says that stone in the bladder is very rare in children of New York and Kerley has had only four cases all of whom were boys aged respectively 3, 4½, 5 and 7 years.

Dr. E. B. Grier reported the following case:

Mrs. M. F., age 40, admitted to the hospital October 15, 1916. Family history: Father, one brother, one brother's daughter and one cousin died of Bright's disease. One sister died of tuberculosis of the kidney. Past history: Negative. Present history: Was operated for hemorrhoids in General Hospital in July, 1915. For several years has had pains in the back and sides, increased on defecation and on walking. Could not lie on her right side with comfort. Present attack began in July of this

year, with severe pain in the sides and back, increased frequency of urination and vesical tenesmus. On physical examination the heart and lungs were negative, but palpation of the abdomen revealed the presence of a large oval mass in the upper right quadrant. The urine at that time was yellow, acid sp.g. 1019 sugar absent, but albumen and a large amount of pus was present. Catheterization of the right ureter on October 20th showed a cloudy specimen containing a flocculent precipitate, a few red blood cells and hyaline casts. Culture of this showed colon bacilli and a few cocci. The left ureter was the same. The diagnosis of a colon bacillus infection of both kidneys was made and the treatment decided on was the washing out of the pelvis of the kidneys with a 1% solution of Hegenon and the washing out of the bladder with 5% argyrol solution internally. She was given hexamethylenamine gr. 10 q. 4 h. and later this was discontinued and methylene blue given T.I.D. The symptoms gradually improved and on November 5th the examination of the urine from the ureters showed only a small amount of pus and casts and no colon bacilli.

Dr. George T. Banker reported the following case: A case of diabetes; with results by the Allen treatment:

This patient, aged 27, was referred to me by Dr. Eaton on July 20, 1916. His family and past histories have no bearing on his present condition. For not more than 10 days before the above date he had complained of excessive thirst, bulimia and polyuria. This latter symptom was so severe that he was obliged to get up every two or three hours at night to void. He estimated that he was passing four quarts daily, and a specimen was found to contain 7.14% glucos. On a basis of 4000 c.c. this represents an excretion of 285 gm. per day. On July 30th he was placed on the Allen treatment, omitting his evening meal. His specimens from that time showed the following: 0-12 hours, 480 c.c., 36.92 gm.; 12-24 hours, 270 c.c., very faint trace; 24-36 hours, none.

His fast was continued for 60 hours, when he was placed on a diet containing 7.5 gm. carbohydrate per day, and this was gradually increased until the intake was 32.5 gm. per day. At this point sugar again appeared in the urine. The diet was reduced to about 27.5 gm. and kept there. Four days later there was again a trace of sugar. On questioning the patient this was found to be due to his indulging in a bag of peanuts. On August 28 the patient returned to work and it was impossible to keep such close track of him. The first few days at work somewhat fatigued him, but he was soon able to do his full quota of work without inconvenience. With this increased exercise there can be no question but his tolerance for carbohydrate has increased. The patient's weight before his illness was 151 pounds. I am unable to say just what the lowest point reached was, but I should judge about 135 pounds. On September 25th he weighed 148 pounds, told me that he was doing as much work as ever in his life, that he was getting enough to eat, and that if he felt any better he "would be dangerous." In all, he has shown sugar three times since the beginning of the treatment, each time following a

slight dietary indiscretion. On only one occasion has acetone been present, then producing a ring about 3/32" (sod. nitroprusside). He has never taken a dose of sodium bicarbonate.

Dr. H. R. Livengood reported the following two cases of osteo sarcoma:

Hans L., age 19, about November 1, 1915, while delivering ice, a large piece fell against his knee. Shortly after this the knee became swollen and painful; after about a week the pain subsided and he returned to work. He bumped his knee again and the swelling grew larger and the pain returned. This was treated with rest, heat until December, 1915. An x-ray showed loss of contour and demarcation of the whole knee joint. On December 27 an exploratory incision was made by Dr. Oppenheimer. The bleeding was profuse and had to be controlled by compresses. The section proved it to be sarcoma. Boy was treated with Coley's fluid and x-ray until February when the leg was amputated just below the hip joint. He remained in fair health until May, 1916, when he began to be troubled with cough and shortness of breath. Shortly afterwards signs of fluid were apparent in the left chest, and in May 30th, paracentesis was done and two quarts of thick bloody fluid withdrawn. On June 18 the needle was again inserted but no fluid could be withdrawn. One point in the physical examination that was of interest to me, was that the flatness began above at the apex and persisted throughout, while in the usual accumulations of fluid in the pleural cavity the flatness is below and low down is the last place to clear. Boy died July 1, 1916, in delirious condition.

Case 2. John L., age 66, first consulted me July 7, 1915. He was a civil war veteran who had suffered for past 25 years with rheumatism. For past six weeks has complained of pain in the quadriceps extensor and the knee of the left leg. Left leg felt weak on walking and there was a crackling feeling like that of tissue paper underneath the skin. Diagnosis at that time was anterior crural neuralgia. Urine 1010, at times faint traces of albumin. No sugar. Blood pressure, 240-150. Later this was reduced from 160 to 180 and a blowing systolic murmur has appeared over the mitral area with marked pulsation of the veins of the neck. The pain in the knee and the general condition seemed to remain about the same until November when he had to remain in doors. In January, 1916, he had a fall on the floor and became helpless. Swelling of the left hip joint was then noticed and an x-ray revealed loss of contour of left ilium. Enlargement remained about the same, the pain in the knee was very severe and large doses of morphine had to be given to control it. During the summer he had several vomiting attacks, also at times difficult and painful urination. About October 1st he fell on right wrist which became discolored and swollen and a lump has persisted which may be another growth. About this time a mass could be felt in the region of the appendix, which has enlarged very rapidly and there is now incontinence, obstipation and at times mental confusion. Swelling at wrist growing larger November 10, 1916. Died November 17, 1916.

(To be continued.)

Clinical Meeting of Staff of St. Michael's Hospital.

The quarterly clinical meeting of the staff of St. Michael's Hospital, Newark, was held in the board room of the hospital April 5, 1917. There were present Drs. Hagerty, Gray, Harden, Minningham, Crane, O'Neil, Nolte, Silverstein, Gauch, Leyenberger, Fewsmith, Fort, Orton, Clarke, Hosp, Patterson, Fuhrman, Klein, Blackburne, Edgar III, Matheke, Buvinger, Tobey, Strasser and the internes. Dr. Hagerty presided.

Dr. Fewsmith rendered a statistical report for his service of January and February, 1917, and chose to expatiate more fully on a case of endothelioma of the submaxillary and parotid gland; a case of stricture of ureter just outside of the bladder, and a case of cholecystitis where the extreme length of the gall bladder was noteworthy.

Dr. Fort reported a case of extrauterine gestation, sent in with diagnosis of appendicitis. Profuse intraperitoneal hemorrhage, from a ruptured tube, although pathologist could not find any chorionic elements in specimen. This brought forth a spirited discussion.

Dr. Blackburne for the x-ray department reported a case of a chronically discharging sinus, on the anterior surfaces of femur and tibia, due to an osteomyelitis following typhoid fever. After going through bone of ivory hardness, a liquid purulent marrow was found. Gradual improvement. He also reported an Albee operation on spine. He reported the fatal termination of two cases of gangrenous appendix, which were difficult to deliver and developed general peritonitis with adynamic ileus.

Dr. Gauch reported three cases; one malignant endocarditis, at first regarded as typhoid fever, with a low red and white blood count and the blood cultures of which were twice negative at first, and then positive, and then ending in death; the second one, admitted with a mass in the left half of the abdomen, movable, in a child of seven years of age. Blood count that of a secondary anemia; urine negative as also the radiography. Sarcoma of the kidney? Child was removed from the hospital. The third case was that of a child admitted with an influenza; soon ankle and elbow swelled. Radiograph negative. W. B. C. high count. 70% polymorphonuclears. Diagnosis a pneumococcus pyemia; developed a peritonitis and meningitis.

In the discussion Dr. Gray pointed out that the interesting feature in the first case was that the Widal was markedly positive and the cultures failed. The leucocyte count was exceedingly low. These were unusual conditions in a septicemia. Dr. Hagerty anent the second case reported seeing a child two years old with a similarly mass on left side just below the ribs. There was a slight rise of temperature and an ill-defined sense of fluctuation in the mass. Incision proved it to be an abscess of the abdominal wall, which had bared but not necrosed the last rib.

Dr. Strasser reported a case of splenectomy in a 24-year old Italian girl, with not important personal or family history except that she had originally come from a very malarial sec-

tion of Italy and had a number of attacks of malaria. She was admitted complaining of the following symptoms: generalized headaches for past six years, pain in the left iliac region, weakness, dysmenorrhea and a sharp lancinating pain in the epigastrium. Her menarche occurred at 13 years, flowed regularly every 30 days, 2 to 3 days; with pain throughout the period. She had no vaginal discharge. Because of excessive tenderness examination without anesthetic was impossible. Under ether, there was found a small retroverted uterus anterior to which there was a large irregular semi-solid mass, in places nodular (or lobulated), filling most of the pelvis and extending a finger's breadth above the umbilicus. It was movable from side to side and but very slightly movable upward. A diagnosis of probable ovarian dermoid cyst was made. Operation November 20, 1916. Median incision. On opening peritoneal cavity there was seen a large gray mass, the spleen, with many adhesions of the omentum to ragged scars at the hilus, lower pole and at various points on cortex. The blood vessels were enormously dilated and remained so until their junction with the main vessels. Omental adhesions were separated, blood vessels doubly ligated and spleen removed. The tail of pancreas and the splenic flexure of colon were restored to normal position by a suture, patient was put to bed in good condition and made uneventful recovery and is well to-day.

In the discussion Dr. Gray elucidated the pathology of the case. As the Wassermann had been negative and the splenitis was not of the luetic type, syphilis was ruled out. The slides had been submitted to a number of pathologists and the consensus of opinion was that the condition was that of chronic malarial spleen—so-called ague cake.

Dr. Edgar A. III presented a man who gave the following history: He had had pain in side of face, with a swelling, a tumor at the site of an old tooth. Radiogram showed a circumscribed tumor involving the antrum. In the operative removal of this, the superior maxilla was removed and the internal maxillary artery ligated in two places. Two small tabs were left after thorough cauterization. The tumor was pronounced a very actively malignant adenocarcinoma.

For Dr. Teeter, Dr. Gray presented the specimen of a tremendously thickened pleura, due to fibrinous exudate where cavity contained over seventy-five ounces of pus.

Dr. O'Neill presented an interesting case of adeno-carcinoma of ovary and chronic appendicitis, complicating pregnancy where primary symptoms pointed markedly to a true ectopic gestation or twisted pedicle of ovarian cystoma. Right ovary was removed and the inflamed appendix, and the woman is going on with her pregnancy without any mishap. In the discussion the fallibility of signs in an extra uterine gestation was commented on strongly.

Dr. Hagerty reported two cases. The first one was that of a left lobar pneumonia in an ammunition worker. The case was interesting for the erratic temperature curves, resembling those of relapsing fever. Even the autopsy was not elucidating. The second case was that of an Italian girl admitted with a right sided

pain. Operation disclosed cecum mobile. For three days post-operative history uneventful; on the 13th day tetanus developed. Death. Examination of catgut and dressings by pathologists proved them germ free. He remarked that post-operative tetanus is often found where injuries are caused to intestinal tracts of persons who take much uncooked green foods.

Dr. Gray remarked that the question had arisen in the first case whether this may not have been T. N. T. poisoning. This was not found at autopsy; spectrum bands were not conclusive; and besides that explosive had not been made at the plant where this man was employed.

Dr. Gerstenfelder showed slides of the blood of a case of anemia due to bothrioccephalus latus! and Dr. Gray pointed out in it the large numbers of normoblasts and megaloblasts.

Meeting adjourned.

Morristown Medical Club.

E. Moore Fisher, M. D., Reporter for the Morris County Medical Society.

The Morristown Medical Club met at W. F. Day's, Morristown, on the evening of Wednesday, March 28, 1917, the guests of Dr. Alfred A. Lewis. Dr. G. H. Lathrope was chairman of the evening.

The club had the pleasure of listening to Dr. Eugene H. Pool of New York City, who spoke on thyroid gland diseases. He said that surgical conditions in the thyroid gland could be divided roughly into those cases that were benign or malignant. The benign cases that were considered operable were those in which there was marked deformity or discomfort. This discomfort was often due to pressure on the trachea causing dyspnoea, or pressure on the current laryngeal nerve which gave rise to vocal cord paralysis. If this paralysis was not noticed before operation the surgeon was blamed for having caused it by injury to the nerve during the operation. If toxic symptoms were present, as frequently occurs two or three years after the beginning of the growth and which resemble the condition found in exophthalmic goiter, operation was advisable. If there is a suspicion of malignancy operation should be done early. If this was not done there was frequent metastasis of the bone, which came on early. The prognosis in these cases was good if the growth was found to be confined to one lobe and there was no perforation of the capsule.

Dr. Pool then showed lantern slides and explained the operation. He advised leaving a portion of the posterior part of the lobe as in this way the para-thyroids were not likely to be removed if they were situated within the thyroid capsule. In malignant conditions he advised early operation, as soon as this condition was diagnosed. In exophthalmic goiter there were generally changes of numerous other glands, and Cannon's theory that the sympathetic nervous system and the adrenal glands were also involved was mentioned and his research leading to this conclusion explained. The doctor advised operation as soon as medical measures failed to give relief, and thought that early operation was frequently advisable to prevent secondary symptoms. If the cause was only seen when the general bodi-

ly symptoms were severe, he advised ligation of the arteries followed by operation in three months. The fact that the Mayos were not doing the resection of the sympathetic nerves in these cases with good results was referred to.

Various observers give the cures after operation as from 43 per cent. compiled by statistics of French surgeons to 70 per cent. of cures in Mayos clinics and 75 per cent. cured by Kocher. Similar cures from the use of medicine were not reported at all by some writers, although the records of French surgeons mentioned above give the number of cures by medicinal measures as from twenty to twenty-five per cent.

Among the visitors present were: Dr. William J. Chandler of South Orange, Dr. T. W. Harvey of Orange, third vice-president; and Dr. Thomas N. Gray, secretary of the State Society. Others present were: Dr. Wigg of Boonton, Dr. Costello of Dover, Drs. English, O'Reilly and Keeney of Summit; Dr. Smalley of Gladstone, Dr. Day of Chester, Dr. Meigh of Bernardsville, Dr. Allaben of Morristown and Dr. Young of Greystone Park.

Dr. D. C. English, editor of the Journal of the State Society, sent a letter of thanks for the invitation to attend and expressed regret he could not be present.

Many of the visitors were among those taking part in the discussion, which was opened by Dr. T. N. Gray, and among the members of the society discussing the paper were Drs. Glazebrook, Vaughan, Flagge, Fisher, Lathrope and Horn. The various medicinal measures were mentioned, and the use of roentgen rays with beneficial results was referred to by several speakers. The advisability of operation where it was done only for cosmetic purposes was questioned by several of those discussing the paper.

Dr. Pool in closing the discussion answered the questions which were asked and said that Roentgen rays and medical treatment were advantageous in a small number of cases of disease of the thyroid gland.

Summit Medical Society.

William J. Lamson, M. D., Secretary.

A special meeting of the Summit Medical Society was held at Overlook Hospital on Friday, April 20, 1917, for the purpose of discussing the subject of preparedness for war. Dr. Lawrence was elected chairman of the meeting.

Present: Drs. Baker, Bebout, English, Hamill, Jones, Krauss, Lamson, Lawrence, Meigh, Moister, Morris and Tweddell; also Drs. O'Reilly and Tator of Summit, and Drs. Ely and Hegeman of Somerville.

Various ways and means of "doing our bit" for the country, during the period of the war, were discussed, and the following resolutions were unanimously adopted:

1. If any member of the society is called upon for service in the war, the other members will look after his practice for him during his absence, and will turn over to his family one-third of the fees earned in this way.

2. The members of the society will give their professional services free of charge to the families of soldiers who are absent on service.

The chair also appointed a committee to consider the practicability of planting and

raising a crop of vegetables, to be financed by the society.

Dr. Lawrence described preparations which are being made to form a Flying Ambulance Corps for the purpose of giving adequate surgical care immediately behind the firing line.

Dr. Ely of Somerville, addressed the society, and told of the work along similar lines which was being done by the Somerset County Medical Society, viz.: reciprocity among physicians called away for service in the war and those who remained at home, and free care of the families of soldiers who are in active service. The society had made a canvass of all physicians in Somerset County, and had obtained five physicians who would join the Medical Reserve Corps. He urged that all physicians should take the matter of preparedness very seriously, and do what they can to help.

Miscellaneous Items.

American College of Surgeons.

At the fifth annual convocation of the American College of Surgeons two hundred and twenty-eight surgeons from all parts of the United States, China, India, the Philippine Islands and the Panama Canal Zone were admitted as fellows. Dr. Ernest Sidney Lewis of New Orleans received the honorary degree. Chicago was chosen as the permanent home of the organization, and the following officers were elected: President, Dr. George W. Crile, Cleveland; first vice-president, Dr. Robert G. LeConte, Philadelphia; second vice-president, Dr. Rudolph Matas, New Orleans; treasurer, Dr. A. J. Ochsner, Chicago; secretary, Dr. Franklin H. Martin, Chicago.

National Medical Examination.—The second examination of the National Board of Examiners will be held in Washington, D. C., beginning on June 13, 1917, and lasting about one week. The following States have agreed to recognize the certificate of the National Board: Colorado, Delaware, Idaho, Iowa, Kentucky, Maryland, North Carolina, New Hampshire, North Dakota and Pennsylvania, and favorable legislation is now pending in twelve of the remaining States. A successful applicant may enter the Reserve Corps of either the army or navy without further professional examination, if his examination papers are satisfactory to a Board of Examiners of those services. Application blanks and further information may be obtained from the secretary, Dr. J. S. Rodman, 2106 Walnut street, Philadelphia.

To Train Medical Officers.—Ninety lecture courses on sanitation and the treatment of the sick in both army and navy will be begun with the new term in as many medical schools scattered all over the United States. The movement, which was started by Dr. Franklin H. Martin of Chicago, will be under the supervision of Surgeon General William C. Gas, U. S. A., and of Surgeon General William C. Braisted, U. S. N. The object is the supplying of medical officers to the army and navy, which are now 600 short.

Pediatricists to Meet.—The American Pediatric Society will hold its twenty-ninth annual

meeting at the Greenbrier, White Sulphur Springs, W. Va., May 28 to 30, under the presidency of Dr. Frank S. Churchill, Chicago.

American Association of Immunologists.

At the annual meeting of this association held in New York City, April 6 and 7, the following officers were elected for the ensuing year: President, Dr. John A. Kolmer, Philadelphia, Pa.; treasurer, Dr. Willard J. Stone, Toledo, Ohio; secretary, Dr. Martin J. Synnott, Montclair, N. J.

The council consists of the following:

Drs. Richard Weil, Arthur F. Coca and William H. Park, New York City; Dr. A. Parker Hitchens, Glendola, Pa.; Dr. J. A. Kolmer, Philadelphia, Pa.; Dr. Martin J. Synnott, Montclair, N. J., and Dr. Willard J. Stone, Toledo, Ohio.

Academy of Medicine, Northern New Jersey.

The May stated meeting will be held in the auditorium of the New Board of Health on Wednesday, May 16, at 8.45 P. M. After the regular business, the retiring president, Dr. August A. Strasser, will present a paper on "Radiography As a Help to the Surgeon."

The Section on Medicine will meet Tuesday, May 8th, at 8.45 P. M. There will be reports of cases and a paper by Major George W. McCoy, Director of the Hygiene Laboratory, Washington, D. C., on "The United States Public Health Service."

The Sections on Surgery and on Obstetrics and Gynecology will meet on Tuesday, May 22, at 8.45 P. M. After business there will be reports of cases and a paper by Dr. Carl R. Keppler on "Weak Feet and Its Treatment."

The Section on Eye, Ear, Nose and Throat will meet on Monday, May 28, at 8.45 P. M. After business and the reports of cases, there will be a paper read, the author and subject to be later announced by postal card.

There will be no meeting in May of the Section on Pediatrics.

Dr. Crile Receives Gold Medal.

In recognition of his work in relieving shock in surgery and in the field of blood transfusion, the National Institute of Social Science recently awarded Dr. George W. Crile of Cleveland a gold medal. The institute also awarded medals to Surgeon General William C. Gas, U. S. A., for his work in the Spanish war and in the Philippines and Panama; Mayor John P. Mitchell of New York, for services in behalf of dependent children, and Prof. M. I. Pupin of Columbia University, for electrical inventions.

Vaccination Ticket in School Election.—It is reported that "Vaccination won at the school election in Metuchen, March 20, by almost two to one. Two candidates strong for compulsory vaccination received 157 votes, and two who were anti-vaccination advocates received 80 votes. The women who could only vote on the appropriations attended in large numbers and worked for the vaccination candidates."

(It seems strange that such a question should be decided by a popular vote, but if this was the issue in the Metuchen election the large majority of the people showed their sanity and wisdom.—Editor.)

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DAVID C. ENGLISH, M. D., Editor,
New Brunswick, N. J.

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Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

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THE 151st ANNUAL MEETING

OF

THE MEDICAL SOCIETY OF NEW JERSEY

WILL BE HELD IN THE

HOTEL CHELSEA, ATLANTIC CITY
ON

Monday, Tuesday and Wednesday

June 11-13, 1917

Medical Society of New Jersey

151ST ANNUAL MEETING, HOTEL CHELSEA,
ATLANTIC CITY, JUNE 11-13, 1917.

Preliminary Outline Program:

Meeting of the Board of Trustees, Hotel Chelsea, Monday, June 11, at 2.30 P. M.

Business meeting House of Delegates at 3 o'clock P. M., June 11th.

Scientific Program:

Address of President Philip Marvel of Atlantic City, N. J.

Address of Third Vice-President William G. Schauffler of Lakewood, N. J.

Oration in Medicine by Prof. Victor C. Vaughan, M. D., of Ann Arbor, Mich., ex-president of the A. M. A.

Oration in Surgery—on Goiter—by John F. Hagerty, M. D., of Newark

"A Study of Tuberculosis Lung Lesions as Revealed by X-ray Plates and Their Value in Physical Diagnosis," by Prof. Henry K. Dunham, of Cincinnati, Ohio.

"Psychological Handling of Tuberculosis Patients," by Charles L. Minor, M. D., of Ashville, N. C.

"Diagnosis of Ectopic Pregnancy," by J. Ward Langstroth, M. D., of Ridgefield Park, N. J.

"So-Called Indigestion," by Daniel Drake, M. D., of New Foundland, N. J.

"A Plea for Greater Exactness in the Diagnosis and Treatment of Tuberculosis," by Richard C. Newton, M. D., of Montclair, N. J.

"Increased Eye Tension and Pressure," by Harry Vaughan, M. D., of Morristown, N. J.

"Brain Abscess," by Wells P. Eagleton, M. D., of Newark, N. J.

"Results of Analysis of 1,000 Pedigrees of Epileptics," by David F. Weeks, M. D., Superintendent of the N. J. Village for Epileptics at Skillfan, N. J.

Banquet on Wednesday evening in the Hotel Chelsea at 7.30 o'clock, with distinguished post-prandial speakers.

This will close the sessions of the 151st annual meeting.

A WORD TO TREASURES OF COMPONENT SOCIETIES.

Delinquency became automatic on the 28th day of February. Such delinquency takes away from a member the Journal and medical defense in case of a suit for malpractice and such loss of medical defense is retroactive; that is, should the cause of the suit occur during delinquency; subsequent payment of dues will not gain defense, and further, delinquency loses to the delinquent member, Fellowship in the American Medical Association.

The 1917 delinquents will not have the opportunity of reading this as they will not receive the Journal. It is, therefore, incumbent on the treasurers of the component societies to acquaint the delinquents on their lists with the above statement of loss.

We also call the attention of treasurers to the important fact that their failure to promptly send to Treasurer Mercer of the State Society the dues of members who have paid is an inexcusable injustice to said members, as it represents them falsely as delinquents.—THOMAS N. GRAY.

OFFER YOUR SERVICES.

We give on subsequent pages the questions asked in the forms of application for appointment in the Medical Corps of the Army, and also for appointment in the Medical Officers' Reserve Corps of the Army, in order that our members may know what is required of applicants.

There has been so much misunderstanding as to the method of procedure to enable one to enter the service, that we wrote to Dr. D. A. Kraker, who is president of the Board of Medical Examiners and we give his reply, as follows:

Newark, N. J., April 28, 1917.

Dear Dr. English:

The Board of Medical Examiners of the Medical Reserve Corps for New Jersey are:

David A. Kraker, president, Newark.

August A. Strasser, Arlington.

Harrison S. Martland, Newark.

Martin W. Reddan, Trenton.

H. F. Dowd, Newark.

Jos. MacDonald, Jr., East Orange.

John C. McCoy, Paterson.

This board is the only one authorized by the Surgeon General to examine candidates, and arrangement must be made with me, as the president, for examinations; they are held at the City Hospital, Newark, on Tuesday, Wednesday and Thursday each week at 3 P. M. Arrangements will be made to hold examinations at other points when enough applicants are available.

Application blanks will be sent on application to any member of the board and the work can be facilitated by the county society secretary sending a list of applicants, when the blanks will be forwarded direct to the applicant or to the secretary. After completion they should be sent to me and I will arrange date of examination in each case.

This is the only method that will avoid delay and confusion.

Appreciating your interest, I am,

Sincerely yours,

D. A. Kraker.

The first question form elsewhere given—that for appointment in the Medical Corps, U. S. Army—will be used by those who apply for appointment in the regular Medical Corps, that is, for permanent service. These men must be under thirty-two years of age, and must have had one year in a hospital. For entering the Medical Officers' Reserve Corps the unit is forty-five years of age. It will be seen by Dr. Kraker's letter that those desiring to enlist may obtain the regular forms from any member of the Examining Board named by him. When completed they should be sent to Dr. Kraker, *not* to the Surgeon General's office which is now overburdened with work.

A large number of our New Jersey physicians have already decided to enlist and we will be very glad to insert their names

in the Journal if they will send the editor notice after they have passed the required examination.

MEDICAL ORGANIZATION AND MEDICAL PREPAREDNESS.

Since the entrance of the United States into the war, many of the physicians of our State have begun to see the great importance of a thoroughly organized profession. The lack of united and efficient effort in the past has greatly hindered progress in our efforts to secure the preparedness that would enable our profession promptly, intelligently and worthily to perform the conspicuous part it is destined to bear in the great war struggle on which we are entering. We need only to refer to the fact that there are at least 1,000 physicians in New Jersey who are eligible but are not enrolled as members of our County and State Societies; also that a recent prepared list of the members of the Medical Officers' Reserve Corps shows that nearly one-half are not enrolled in these organizations.

Then in response to Dr. Dickinson's communication in our April Journal in which—as Chairman of the State Committee on Medical Preparedness—he calls for the forming of an Auxiliary Medical Defense Committee in each county, but few counties have yet made the appointments. We insert elsewhere those we have heard of as made up to May 1st. These should all be appointed and meet immediately to consider practical methods to give aid to the government and relief to sick and wounded soldiers.

We are glad to know that several of the hospitals in our State have been offered to the government and doubtless all will be. This does not mean that the government will take actual control, manage them and select their staffs of physicians and surgeons. If we are right informed, the regular hospital staff will continue service, the army surgeons as far as practicable co-operating, but the sick and wounded will have priority in admission and care to the extent of each hospital's capacity. Each County Auxiliary Committee should have one or more members of hospital staffs on it. One county in the list given—Middlesex—has the president of the staff of each of the three hospitals within its bounds on its committee of six members.

We shall be glad to insert in the Journal any suggestions as to what these auxiliary committees may do to render the fullest and most practical service to the government.

OUR HONORED DEAD.

The deaths of Drs. Henry L. Coit and Charles S. Braddock, Jr.—referred to in our obituary columns last month—again remind us of the records New Jersey physicians have made in the service of our profession and of humanity. It was a long and honorable record we rehearsed at the State Society Sequi-Centennial last June, but “the half has never been told” of the patient, persevering and efficient work done by our members—work that has reflected honor on the medical men of New Jersey, as it has called forth the praise of our medical brethren not only of our own country, but also of distant lands.

The splendid work of Dr. H. L. Coit has extended almost to every part of the world, in the establishing of Milk Commissions for securing and preserving a pure milk supply. He visited many foreign countries in the prosecution and extension of that work and received high ecomiums from distinguished physicians and other philanthropists in those countries. We get some conception of the importance of that work when we consider the extent of infant morbidity and mortality, and the lowering of vitality that favors morbidity and prevents vigorous growth—as these conditions generally result from adulterated and contaminated milk supplies.

Dr. Coit's work in the city of Newark, in establishing and maintaining the good work of the Babies' Hospital and in zealously providing for the after-care of the young poliomyelitis victims has been of inestimable value and richly deserves the proposed erection of a handsome tablet to his memory in the hospital building and the incorporation of his name in the title of the hospital.

Dr. Charles S. Braddock Jr. also, while not so widely known, has made a record of which our New Jersey physicians may well be proud. A native of Camden County, this State, his work for his country in the National Guard and later with the Naval Reserve, and his great work as chief health officer of the Siamese government in warring against smallpox, cholera and leprosy in Siam—as set forth in the obituary notice, well merits a prominent place for his name on the roll of Our Honored Dead.

Fellow Members — Let not the inspiration pass or the lessons be forgotten that come to us as we recall the lives of the faithful men of the past. We made our Journal issues from June to Septem-

ber last, inclusive, largely historical and abounding in illustrated biographical sketches of many of the founders of our Society and their successors, whose record in the work was not characterized by *sentiment, or self-interest; but by self-denying, devoted service, for the profession's and humanity's sake*; that made them great and enabled them to make our Society's history great and glorious. *Our future history will be what we make it as we catch their spirit and follow in their footsteps.*

Unusually lengthy reports and the late receipt of items that required immediate insertion have compelled the Editor to defer insertion of three able, original articles and a contributed editorial; they will appear next month with society reports that were received too late for insertion—two of them were sent to Orange instead of New Brunswick, which generally causes considerable delay.

We complete in this issue of our Journal the report of the Proceedings of the New Jersey Joint Conference on Tuberculosis. It has been a great pleasure to the Publication Committee and the Editor to publish these Proceedings in our Journal and so extend the knowledge and influence of the good work done by the conference.

Officers of the New Jersey Joint Conference on Tuberculosis.

President, Dr. C. W. Crankshaw, Newark; vice-presidents, Drs. W. S. Disbrow, Newark; Thos. N. Gray, East Orange; F. H. Edsall, Jersey City; secretary, Ernest D. Easton, 45 Clinton street, Newark; chairman of executive committee, Dr. Isaac E. Gluckman, Newark.

CHAIRMAN OF AUXILIARY COMMITTEES FOR MEDICAL DEFENSE.

New Jersey county medical societies as far as reported to April 30, 1917:

Atlantic—Dr. Gurney Williams, Atlantic City. Bergen—Dr. G. H. McFadden, Hackensack. Burlington—Dr. J. B. Wintersteen, Moores-town.

Hudson—Dr. J. M. Rector, Jersey City.

Hunterdon—Dr. A. D. Gray, Ringoes.

Middlesex—Dr. F. M. Donohue, New Brunswick.

Monmouth—Dr. John Taylor, Asbury Park.

Morris—Dr. L. K. Henschel, Greystone Park.

Ocean—Dr. Eugene G. Herbener, Lakewood.

Passaic—Dr. A. F. McBride, Paterson.

Somerset—Dr. Lancelot Ely, Somerville.

Sussex—Dr. Blase Cole, Newton.

Union—Dr. Stephen Quinn, Elizabeth.

It is reported that at a special meeting of the Sussex County Medical Society held April 24, fourteen of the fifteen members present are contemplating enlistment in the Medical Corps of the army.

COMMITTEES' REPORTS.

We insert below some of the reports that will be presented at the annual meeting next month, as ordered by the Society. Those of the Judicial Council and of the Councilors, not being complete, will be inserted in the June Journal.

REPORT OF PUBLICATION COMMITTEE.

Mr. President and Members:

I herewith present as by resolution of the Society the report for the year 1916, thus partly duplicating the report of last June, when a gain of \$7.00 was shown. In the following statement, a loss is shown, but the increased cost of the June and September special numbers, the rise in cost of paper and printing are adequate explanations for the present loss:

Business Statement.

Accounts Showing Expenses or "Losses."	
Printing and Mailing.....	\$2,468.71
Edit. Salary and Expenses	1,200.00
Commissions on Advertising	
Orders	170.18.
Cuts and Plates	145.34
Miscellaneous Expenses ...	110.07
Gratuitous Reprints	49.55
Discounts	28.62
Stationery and Supplies...	20.50
Total	
\$4,192.97	
Accounts Showing Returns or "Gains."	
Advertising	\$2,253.78
Subscriptions (Regular)...	1,683.00
Sales of Journals.....	35.86
Subscriptions (Extra).....	19.90
Total	
\$3,992.54	

Net Loss, or Cost of Producing

Journal for year 1916..... \$200.43

We can, however, look forward to a substantial gain in 1917, if present indications mean anything, as the appended comparative statement will show:

Comparative Statement.

Showing Increase in Business.

Account	Last 7 months of		First 4 months of
	1915	1916	1917
Print'g & Mailing.	\$1,206.31	\$2,468.71	\$791.69
Editorial Salary..	825.00	1,200.00	300.00
Commission on Ad-			
vertising Orders	22.60	170.18	283.55
Cuts and Plates..	15.94	145.34	1.14
Misc. Expenses...	81.71	110.07	50.60
Gratuitous Rep'ts	21.30	49.55	8.00
Discounts	5.22	28.62	13.32
Stat'y & Supplies.	15.00	20.50	10.00
Advertising	1,096.31	2,253.78	1,610.35
Subscript'ns (reg.)		1,683.00	
Sales of Journals.	5.45	35.86	2.27
S'bsc'pt'ns (Ext'a)	12.30	19.90	9.50
Cash on hand....	93.50	733.05	390.04
Acc'ts Receivable.	360.95	523.05	829.95

As can be seen our advertising pages are more than ever patronized now, and we feel that with the skillful, painstaking work of our

Editor, the Journal is becoming more and more a worthy factor in our Society's existence.
Respectfully submitted,
August A. Strasser, Chairman.

REPORT OF COMMITTEE ON LEGISLATION

To the New Jersey State Medical Society:

Your Legislative Committee beg to submit the following preliminary report:

At a conference with the committee from the State Board of Medical Examiners, the president of the State Society and chairman of the Legislative Committee, several amendments to existing laws were agreed upon.

One to the Medical Act providing for the admission of men who had passed the National Board of Medical Examiners to our State without examination;

Another providing for the annual registration of physicians of the State, this registration to be kept by the State Board of Medical Examiners and to abolish the necessity for registering in each county;

An amendment to the Crimes Act whereby conviction for malpractice would automatically suspend the license pending an appeal of the case;

An amendment to the Health Act giving powers to local boards of health to pass ordinances regulating the practice of midwives in their jurisdiction;

Another requiring an annual registration of midwives.

These bills were all passed by the Legislature, and all of them, excepting the one authorizing the local boards of health to control the midwives, were vetoed by the Governor. His reasons for so doing are, to say the least, very unsatisfactory.

At a conference of a number of representatives of the Society including the president, together with the representative of the Manufacturer's Association, the secretary and treasurer, it was decided to request the Governor to appoint a commission to take this matter up for study during the coming summer, and draft a bill that might be satisfactory to all parties interested in the matter. The resolution was introduced in the Senate to this effect, but was not passed. Sometime since I had a conference with Mr. Billman, secretary of the Manufacturer's Association, in which he told me that the manufacturers had determined to take this matter up and request the co-operation of the medical profession and the labor organization, to, if possible, work out a bill during the coming summer that might be satisfactory to all. Personally, I have very little faith in this matter. I believe that if anything is accomplished it will be through a very thorough co-operative action on the part of the medical profession virtually compelling the manufacturers to take notice of what we desire.

There were a series of bills introduced in the Senate known as "Workmen's compensation and health insurance." These bills were quite drastic in their requirements, and owing to the influence of the manufacturers' association none of them were passed excepting the one providing for health insurance.

There were a great number of bills providing for various wild-cat legislation introduced in the Assembly. Among them were two chiro-

practic bills, two osteopathic bills, one anti-vivisection bill, an anti-vaccination bill, a drugless theraphy bill, and three bills introduced by members of the House to enable some constituent to beat the State Board of Medical Examiners.

The Legislative Committee feel well satisfied to be able to report that all these bills were killed. One of the chiropractic bills did get through the House, but never out of committee in the Senate, so that at no time was there any real danger of these bills passing.

There was one bill passed, known as the Governor's bill, which will be of some interest to the profession. This bill, No. 451, provides that the appointment of the State Board of Medical Examiners should be made from three candidates nominated by the State Medical Society; that all members of the board should serve without pay; that the proceeds, after necessary expenses, be turned into the State treasury. We believe there are some good features about this bill, and probably some bad ones. We believe the whole matter should be taken under advisement during the coming summer, and a scheme devised by which this whole matter of medical examination could be put on a more satisfactory basis.

A bill which I would like to call attention to, known as bill No. 195 of the Senate, introduced by Representative Morgan from Union County, provides for the reporting of all cases of venereal diseases to the State Board of Health, and also provides for a penalty of \$50 for non-report.

This is a bill that your Legislative Committee was very much interested in, and while it was introduced by a layman it had the unanimous support of the Legislative Committee. It may not be popular with the physicians, but we believe the more it is considered the better they will like it. We believe that this is a step in the right direction and will be the beginning toward stamping out, or at least controlling, the social evil; at least it will give some idea of how widespread this trouble is, and we believe it will assist the State Board of Health in their efforts to compel the examination of all food handlers before they can be employed in that work.

Respectfully submitted,

Henry B. Costill,
Committee on Legislation.

Trenton, N. J., April 24th, 1917.

REPORT OF PUBLIC HEALTH EDUCATION COMMITTEE.

The Public Health Education Committee of the State Society was organized rather late and had its first meeting at Newark on January 27th, and a second meeting at Atlantic City, on March 10th. It is composed of five members from the whole State and they have worked locally but find it difficult to meet.

We have sent out repeated letters to the secretaries of the county societies with very discouraging results. There are twenty-one counties but we received only seven replies and of these five report no P. H. E. Committee. One reports a committee but no meeting and one is active. Three counties have had a few scattered medical lectures but no systematic work.

Essex County reports seven lectures held and a few more in view. They have also cooperated with their Legislative committee on the Employers' Liability Law and with the State Department of Labor in regard to occupational diseases through individual letters to members.

Members of the State Committee have been active in their sections and ten lectures have been arranged and given through their work with prospects of a few more before the end of the season.

If the committee had a member from each county we could work to better advantage and perhaps fulfil the requirement of the A. M. A. that each county society have such a committee and hold at least two P. H. E. lectures each year.

We hope to have a more satisfactory and complete report for the State Society.

Rose C. Faughnan, Secretary.

PERSONAL HISTORY IN CONNECTION WITH APPLICATION FOR APPOINTMENT IN THE MEDICAL CORPS, U. S. ARMY.

Give your name in full (including your full middle name); The date of your birth; The place of your birth; When and where were you naturalized (if of alien birth)? Are you married or single? Have you any children; if so, how many? What is your height, in inches? Your weight, in pounds? Give the nature and dates of all serious sickness and injuries which you have suffered.

Do you labor under any mental or physical infirmity which could interfere with the efficient discharge by you of the duties of a medical officer? If either parent, or brother, or sister has died, state cause and age in each case; Do you use intoxicating liquors or narcotics; if so, to what extent? Have you found your health or habits to interfere with your success in civil life?

What academy, high school, college, or university have you attended? State periods of attendance from year to year, and whether you were graduated, giving date or dates of graduation; Name any other educational advantage you have had, such as private tuition, foreign travel, etc.; Give all literary or scientific degrees you have taken, if any, names of institutions granting them, and dates; With what ancient or modern languages or branches of science are you acquainted?

When did you begin the study of medicine, and under whose direction? His residence? How many courses of lectures have you attended? Names of colleges and dates; When and where were you graduated in medicine? Have you been before a State Examining Board? If so, state when, where, and with what result;* Have you had service in a hospital? If so, state where and in what capacity, giving inclusive dates of each kind of service; What clinical experience have you had in dispensary or private practice? Have you paid particular attention to any specialty in medicine; If so, what branch; what opportunities for instruction or practice in operative surgery have you had?

Have you previously been an applicant for entry into the United States service? If so,

state when, where and with what result (if rejected, state why); Have you been in the military or naval service of the United States as cadet or otherwise? If so, give inclusive dates of service with each organization, designating it; What occupation, if any, have you followed other than that of student or practitioner?

**Present or temporary address; **Permanent residence.

I certify that to the best of my knowledge and belief the above statements are true.

Signature:

Date,, 191

*This history must be accompanied by a certificate from the proper official that the candidate is duly registered to practice medicine in the State in which he resides.

**The candidate should give his present address for correspondence, and also his permanent address to which he desires commission sent should he be appointed.

FORM OF APPLICATION FOR APPOINTMENT IN THE MEDICAL OFFICERS' RESERVE CORPS.

The form for appointment in this Reserve Corps is the same as that for appointment in the Medical Corps, U. S. Army, except the questions in the fifth paragraph given above. In the application for the Medical Officers' Reserve Corps, the questions are as follows:

Have you previously been an applicant for entry into the United States service? If so, state when, where, and with what result; Are you a member of the organized militia? If so, state with what organization and in what capacity; Have you been in the military or naval service of the United States? If so, give inclusive dates of service with each organization, designating it; In case of war or threatened war, will you accept active service for duty with the Army, should your service be needed?

What occupation, if any, have you followed other than that of student or practitioner.

Campaign for 25,000 Reserve Doctors.

Twenty-five thousand medical reserve officers is the goal of a recruiting campaign begun recently by the Auxiliary Medical Committee for National Defense. "Twenty-five thousand is not too many to begin with," says a letter received by President Henry C. Coe of the Medical Reserve Corps, from Surgeon-General William C. Gorgas. The basis of this estimate is ten surgeons for every 1,000 men.

The Medical Reserve Corps now numbers about 3,000, of whom 2,000 have come in within the last eighteen months. The members of the regular corps of the army, on account of their small number, will all be required for instructive and sanitary work, for which their long training has fitted them, so that it will be necessary to call on the members of the medical profession in New York and all over the United States to help.

A committee of ten physicians will be appointed to study the plans followed in England and France, under which the practice of doctors who enter military or naval service is taken over in their absence by physicians who remain in civil life, and returned intact when the army and navy surgeons are mustered out of service.

Real Doctors Wanted in War.

The great European war still rages, and lay journals as well as medical journals recount the achievements of medical men in the great war hospitals. There is even a demand for more medical men, and especially medical men capable of doing surgery. We wonder if the average person has noted that among all the reports concerning medical and surgical work in connection with the European war, not a one concerns work done by Christian Scientists, osteopaths, chiropractors, neuropath, vitapaths and the hordes of other "paths" that may be listed in the army of pretenders. The reason is obvious. In times of great disaster, such as accompanies war and epidemics of communicable diseases, there is a demand for real doctors, and not for those of the make-believe kind. What a pity it is that some of our legislators do not appreciate the significance of this fact. The loudest supporters of the various pseudo-medical cults are the first ones to turn to the regular medical profession in time of real trouble.—The Journal of the Indiana State Medical Association.

Patriotism of Physicians.

From the Bayonne Times.

The physicians of this city have more than demonstrated that they are patriotic as well as practical. They are willing to give their time and services to their country without remuneration in event of hostilities. They already have sacrificed much of their time in preparing to meet any emergency that may arise, and as a result, if war should come, it will find them ready to act without the loss of a moment. The professional men of the city have set an example that others would do well to follow. No one wants war. There is hardly a person who would not rather have peace, provided it could be maintained with honor and without the violation of the rights of America and its citizens. But when a condition and not a theory faces a nation it is the duty of that nation to prepare to meet the situation calmly and bravely. The preparedness must be accomplished by the citizens and residents of the communities if our government is to receive substantial aid. This is exactly what the Bayonne physicians are doing. If the country should be plunged into war, it will find Bayonne with an excellent medical corps, and with hospitals properly equipped to receive any who may need attention.

(The physicians of the entire State show the same spirit as those of Bayonne.—Editor.)

Hospitals and Sanatoriums.

Jersey Hospital Offer Government.

Hospital beds to the number of 1,580 had been placed at the disposal of the government in nine cities of New Jersey up to April 6th. This information was obtained by Surgeon General William G. Schauffler at the suggestion of Adjutant General Barber, who in turn has informed the Department of the East. In Newark there are four institutions which have advised Colonel Schauffler that 180 beds have been placed at the disposal of the government for emergency service. They are St. Michael's,

City and German hospitals, fifty each, and St. Barnabas's, thirty.

Cities in other sections of the State which will furnish hospital accommodations are: Jersey City, 530; Paterson, 230; Elizabeth, 200; Passaic, 150; Bayonne, 100; Camden and Plainfield, 75 each, and Atlantic City, 40.

Morristown Memorial Hospital.

Announcement was made last month at the meeting of the board of directors of Memorial Hospital that Mr. and Mrs. Peter H. B. Frelinghuysen will provide the means for the erection of a new contagious disease hospital at a cost not to exceed \$60,000, and to furnish it at an estimated cost of \$15,000 more. The gift is in memory of Mrs. Frelinghuysen's father, the late Henry O. Havemeyer. A special building committee has been named and the architect will be announced soon. It is proposed to build the new hospital to the east and rear of the present Barker Pavilion for Contagious Diseases, about the edge of the steep bank running down to the Whippany River. The present contagious disease structure will not be disturbed in the building operations. Tentative plans for the new hospital comprehend a two or three story building. There will be wards for scarlet fever and diphtheria and a suspect ward. The building will accommodate about fifty patients.

Mountainside Hospital, Glen Ridge.

Among notable gifts to this institution during the year to which the board of governors has recently called attention are, \$10,000 in securities, contributed by Charles W. Anderson so that the income may insure his annual donation of \$500; a \$5,000 endowment for a bed by Mrs. George W. Murray, and \$4,000 to start a permanent endowment fund for the pathological laboratory, by L. J. Mulford. Mrs. Charles E. Van Vleck has given equipment, the latest being an x-ray machine of an improved type.

New Jersey Orthopedic Hospital.

The proceeds of the cafe chantant given by The Woman's Club of East Orange for the benefit of this hospital amounted to \$1,500.

New Jersey State Hospital, Morris Plains.

The 41st annual report has recently been issued, from which we give the following items:

The report covers the hospital year, November 1, 1915, to October 31, 1916. 596 patients were admitted; in January 64 were admitted and 40 in October—the highest and lowest in any one month. 283, or about 47.5 per cent., were alleged to be suffering from their first attack; 94 were said to have had two or more attacks, while in 219 cases no data on this important point were given. During the years of evolution mental breakdown seems most prevalent—between the ages of 15 and 30 years the number of patients was 108 or about 20 per cent. of the total number admitted. The counties of Hudson, Union and Passaic sent over 53 per cent. of total number—respectively, 108, 107 and 101 cases.

The number diagnosed as affected with incurable psychoses was 367 or about 61.5 per cent. and of these 214 as dementia precox—35.5 per cent.; about 10 per cent. were due

to syphilitic infection; no cause for the psychoses was given in 340 patients' commitment papers. Among causes given were intemperance, 47; syphilis, 19; senility, 22; heredity, 22. Of the important physical complications of those admitted, syphilis was present in 69; arteriosclerosis, 52; cardio-renal vascular disease, 160; 55 patients exhibited homicidal and 82 suicidal tendencies.

Discharges—During the year 94 patients were discharged as recovered—46 men and 48 women, 36 of whom were under treatment less than 4 months and 22 under treatment over one year; 52 had suffered from manic depressive psychoses; 35 of them were of the manic phase, 16 of the depressed and 1 of the mixed phase. Intoxication psychoses gave 25 recoveries, dementia precox 11 and involuntional melancholia 5. There were 240 deaths during the year, about 7.35 per cent. of total under treatment, 96 of them ranged from 60 to 90 years of age.

The hospital is still suffering from the overcrowded condition—about 1,000 more patients than their is room for. Dr. Evans closes his report referring to this and to the difficulty of securing nurses and attendants as seriously affecting the best results of the work.

Bonnie Burn Sanatorium, Scotch Plains.

The report for March show the following:

In the sanatorium March 1 there were 63 men and 35 women; 29 were admitted during March, 14 incipient, 4 moderately advanced and 11 far advanced cases.

Since the above was set up we have received the fourth annual report for the year ending December 31, 1916, from which the following facts are gathered:

In the sanatorium January 1, 1916, 105 patients—75 men and 30 women; admitted during the year, 229—145 men and 84 women. They were classified: Incipient, 24; moderately advanced, 47; far advanced, 145; bone tuberculosis, 1; non-tubercular, 1; pre-tubercular, 10; tubercular glands, 1; 246 were discharged; 43 apparently arrested, 53 improved, 36 unimproved, 97 died, 17 were not considered as they remained less than 30 days. The oldest was 75 years, the youngest 9 months; average age, 29.7 years. The average gain in weight 7.42 lbs., the greatest 18 lbs. The daily average number of patients was 106.34.

A new children's building which is in course of erection will provide for at least 96 children.

Drs. W. H. Murray, Plainfield, and Norton L. Wilson, Elizabeth, are members of the Board of Managers, the former is president. Drs. F. C. Ard, B. V. D. Hedges and J. H. Carman, Plainfield; Drs. J. S. Green, J. H. P. Conover and F. Steinke, Elizabeth, are members of the consulting staff. Dr. John E. Runnells is superintendent and physician in charge.

Mrs. Barbara Wolf, the first person admitted to the Bonnie Burn Sanatorium when first opened, about four years ago, died there on March 22, aged 81 years.

Philadelphia Hospital Units.—Complete hospital units, including commissary as well as surgical equipment, have been formed in the Pennsylvania, the German, the Episcopal, and other Philadelphia hospitals, and are ready to

take the field at once. The unit from the Pennsylvania Hospital numbers 100 persons.

The Rockefeller War Hospital.

This hospital will be established by the Rockefeller Institute under the supervision of Dr. Alexis Carrel on the grounds of the institute at Avenue A and Sixty-sixth street, New York. The entire plant will be ready within twelve weeks and will furnish one hundred beds. Dr. Carrel will return from France with Dr. Henry Dakin to conduct this hospital for the teaching of the proper technique and the application of the Carrel-Dakin method of the treatment of wounds. Groups of military surgeons will be assigned successively to study this method under Dr. Carrel's supervision. The project has received the endorsement of the army, the navy, and the public health service. An appropriation of \$200,000 has been made for the hospital by the Rockefeller Foundation.

Marriages.

FISCHER-SCHULZ. — At Newark, N. J., May 8, 1917, Dr. William C. Fischer to Miss Clara Schulz, both of Newark.

TOPPING—BARROW.—At New Orleans, La., April 17, 1917, Dr. Robert S. Topping, of Newark, N. J., to Miss Zoe G. Barrow of New Orleans.

Deaths.

GALE. — At the Muhlenberg Hospital, Plainfield, N. J., April 15, 1917, Dr. William Gale of Westfield, aged 85 years.

Dr. Gale served as a physician in the Civil War, and at its close conducted a drug store and practiced medicine in Westfield.

READ.—At Newark, N. J., April 17, 1917, Dr. Joshua Ware Read, aged 80 years.

Dr. Read graduated from the Bellevue Hospital Medical College in 1867, and soon after began practice in Newark. He was a member of the Essex County Medical Society, the Medical Society of New Jersey and the American Medical Association. He was the first surgeon of the Newark Police Department. He was president of the school board several times; was secretary, historian and librarian of the County Medical Society several years; for a quarter of a century he was a member of the board of trustees of the Third Presbyterian Church and at the time of his death the senior elder.

ROSENBLUTH.—At the Zion Hospital, Brooklyn, N. Y., March 30, 1917, Dr. Anna S. Rosenbluth of Paterson, N. J., of cholecystitis. She graduated from The Women's Medical College, New York, in 1894; was superintendent of Zion Hospital.

SCHUREMAN.—At Toms River, N. J., April 17, 1917, Mrs. Laura A. Schureman, widow of Dr. Irving W. Schureman, aged 65 years.

Personal Notes.

Drs. N. H. Adsit and C. A. Plume, Succasunna, and H. D. McCormick, Kenvil, were recently elected directors of the Roxbury Township Red Cross Society.

Dr. Norman D. Mattison, Montclair, and wife have gone to San Francisco, California, for a prolonged stay.

Dr. Daniel Strock, Camden, recently addressed a Red Cross meeting at Gloucester City.

Dr. Edward A. Ayres, Branchville, was recently elected medical inspector of schools by the local Board of Education.

Dr. Henry C. Barkhorn, Newark, wife and daughter, made a visit a few days to Washington, D. C., recently.

Dr. William A. Clark, Trenton, was recently elected president of the Trenton Society for the Prevention of Cruelty to Animals.

Dr. G. Wyckoff Cummins, Belvidere, has been chosen one of the Grand Jurors of Warren County for the April term.

Dr. Alfred L. Ellis, Metuchen, has taken up the practice of Children's Diseases and Infant Feeding at 126 West State street, Trenton. He still resides at Metuchen.

Dr. Harry H. Bowles, Summit, has resigned from the staff of Overbrook Hospital and will engage in private practice at Providence, R. I.

Dr. George Holmes, Newark, has taken a house for the summer from June 1 in Valley View, Summit.

Drs. Henry B. Costill, Charles H. Holcombe, Murray B. Kirkpatrick and Frank G. Scrammell, Trenton, have volunteered for army service in the Medical Reserve Corps.

Drs. Ambrose F. Dowd, Harrison S. Martland and Henry E. Wallhauser, Newark, three members of the house staff of the City Hospital have been commissioned as first lieutenants in the army. Their pictures appeared April 18th in the Newark Evening News.

Dr. Henry W. Kice, Wharton, addressed the Central Home and School Association, Dover, recently, on First Aid Work.

Dr. William H. Lawrence Jr., Summit, manager of Overlook Hospital, has agreed to take charge of an ambulance corps should one be organized in connection with the infantry company of the National Defense Organization.

Dr. M. J. Fine, Newark, has removed from South Orange avenue to 362 Clinton avenue.

Dr. Herbert W. Nafey, New Brunswick, has offered his services to the U. S. Navy during the war if needed.

Dr. Carl R. Keppler, Newark, has removed his office and residence to 78 Clinton avenue.

Drs. Elton G. Corson and Walter P. Glendon, Bridgeton, have volunteered their services for the Army Medical Reserve Corps. It is said the former would like to go with ex-President Roosevelt's forces to France.

Dr. George E. Gallaway, Rahway, recently addressed the Onanola Camp Fire Girls there on first aid work.

Dr. Horace M. Fooder, Williamstown, has been suggested as the Republican candidate for the Assembly next fall.

Dr. Robert H. Hamill, Summit, was elected last month president of the Summit Co-operative Charities' Association.

Dr. Julius Levy, Newark, addressed the Co-operative Charities' Association of Summit, N. J.

Dr. Henry E. Ricketts, superintendent of the Essex County Isolation Hospital, Soho, has been appointed a delegate to the Amer. Congress of Physicians and Surgeons which meets in May at White Sulphur Springs.

Dr. Benjamin Gutman, New Brunswick, spent two weeks at Atlantic City last month.

Dr. Morgan D. Hughes, Bloomfield, has been appointed as a member of Essex Medical Milk Commission, to succeed Dr. Coit, deceased.

Dr. F. Irwin Krauss, Chatham, addressed the Boy Scouts of that city recently on "First Aid."

Drs. Alexander MacAlister, Levi B. Hirst and William H. Pratt, Camden, were elected vestrymen of St. Paul's Prot. Episcopal Church, Camden, last month.

Dr. William Martin, Atlantic City, has a paper in the N. Y. Medical Jour., April 7, on "Sane Phases of Intestinal Stasis; Its Treatment by Physical Measures."

Dr. Eugene W. Murray, Newark, has been appointed by the board of directors of the Babies' Hospital medical director of the institution in place of Dr. H. L. Coit, deceased. The doctor is also secretary of the City Hospital and president of the Essex County Isolation Hospital at Soho.

Dr. William A. Newell, Trenton, has been assisting Dr. Pancoast in University of Pennsylvania x-ray work and still continues practice in Trenton.

Drs. J. R. C. Thompson and W. L. Cornwell, Bridgeton, have been elected physicians of Bridgeton Lodge 322 Loyal Order of Moose.

Dr. Floyd A. Thomas, Flemington, has enlisted in the Second N. J. Regiment with the rank of first lieutenant. He is the first physician in that section to enlist.

Dr. George A. VanWagenan, Newark, and wife returned home last month from the South where they spent the winter.

MEDICAL EXAMINING BOARDS' REPORTS.

	Exam.	Passed.	Failed.
Arizona, October . . .	20	16	4
Arizona, January . . .	5	4	1
Florida, December . .	26	18	8
Kentucky, December .	12	5	7
Maryland, December .	36	27	9
Minnesota, June . . .	40	40	0
New Hampshire, Dec. .	8	5	3
Ohio, December . . .	25	23	2
Texas, November . . .	17	13	4
Virginia, December .	24	17	7

Cost of Educating a Physician at Columbia University.

Dr. Walter Mendelson, president of the Physicians' and Surgeons' Alumni Association, in his annual report states that the total cost of each student's education in the medical department of the university is \$3,000. Of this amount the student contributes only \$1 to every \$2 expended by the university. He estimates that the teaching staff contributes each year between \$24,000 and \$30,000 toward the maintenance and expenses of the medical department of the institution.

Public Health Items.

Do You Know That—

Disease is the nation's greatest burden?

Sickness lowers earning capacity?

Dirty hands spread much disease?

Health is a credit with the bank of nature?

Health brings happiness and sickness brings sorrow?

A female fly lays an average of 120 eggs at a time?

Sunlight and sanitation, not silks and satins, make better babies?

One million two hundred thousand Americans die each year?

Heart disease, pneumonia and tuberculosis causes more than 30 per cent. of deaths?

Newark Board of Health.

Dr. T. N. Gray, Director of the Bureau of Tuberculosis, at a recent meeting reported that to run the bureau for the year \$17,928 would be the amount needed, and Dr. Elmer G. Wherry reported that the Division of Child Hygiene would need \$23,720.

Venereal Diseases Reportable. — The New Jersey Legislature has passed a bill to compel the reporting to the State Department of Health of all persons suffering from venereal diseases. The record is not to be published nor is it to be a public record. Its purpose is to conserve the public health by empowering the State Department of Health to establish such quarantine measures as may be necessary at the same time insuring privacy and protecting the victims of these diseases from exposure and exploitation. The legislature has also passed a bill making it a misdemeanor for any one affected with a venereal disease to marry.

Health Dividends.—I will frankly admit that I could not realize what a great change could be brought about by systematic work and with very little expense. The money spent in anti-malarial work here has paid the quickest and most enormous dividends I have ever seen from any investment, and after having had our experience I would, if necessary, do the work over again if I knew it would cost ten times the amount. * * * Our experience has taught us that the eradication of mosquitoes is not only the proper thing to do from a strictly health standpoint, but it is an exceedingly profitable thing to do.—Manager of a Southern cotton mill, quoted by J. W. Trask, Public Health Reports.

Judgment in Health Expenditures. — To spend the resources of the department on other peoples' pet projects, on things which even though desirable, are not in given circumstances essential, is to tithe mint, anise and cummin and neglect the weightier matters of the law. These weightier matters are the activities which experience has shown to be fruitful of real results. They follow paths clearly marked, toward a definite goal—the health of the State.—Alice Hamilton, Survey, Jan. 20, 1917.

Books Received.

All books received will be mentioned by title with the names of their authors, publishers, etc., and this will be considered by the committee as sufficient acknowledgment to the publishers. Selections will be made for review as the merits of the books or the interests of our subscribers may warrant.

Text-Book of Surgical Operations, illustrated by Clinical Observations for Physicians and Students by Prof. Fedor Krause, Privy Medical Councilor, Directing Physician Augusta Hospital, Berlin, in association with Emil Heymann, M. D., Chief Physician, Augusta Hospital. Translated into English and Edited for American Readers by Albert Ehrenfried, A. B., M. D., F. A. C. S. First Assistant Visiting Surgeon, Boston City Hospital; Junior Assistant Surgeon, Children's Hospital; Surgeon, Boston Consumptives' Hospital, etc. In 6 volumes, Volume 2 with 373 illustrations in two or more colors. Published by Rebman Company, 141-145 West 36th street, New York City.

This title page stating that this volume is volume 2 of this stupendous work is but a faint promise of what is to be found in its pages. It is seldom that the reviewer has found an equally satisfactory exposition of such complex subjects as are dealt with here, as for instance, the Surgical Procedures in the Upper and Lower Jaw, Surgical Procedures on the Pharynx, Surgical Affections of the Oral Cavity, Salivary Glands, Injury of Salivary Glands; Surgery of the Facial and Cervical Nerves, Surgery of the Brain, Surgical Treatment of Epilepsy, Surgery of Brain Tumors and Operative Treatment of Brain Abscess, Purulent Meningitis, Cranial Tuberculosis and Brain Injuries, etc.

The text is clear, well written and, what is more, intelligibly translated; but what adds most is the profusion of really illuminating illustrations. To those Surgeons interested in this domain, this second volume is really a treasure trove both for technique and for an exposition of the successes and trials and pitfalls of this arduous branch of the work of a Surgeon.

If the rest of the 4 volumes to follow maintain the same high plane of excellence, the surgery of to-day will be well recorded, and will serve a purpose unequalled by any other system. A. A. S.

"A Manual of Therapeutic Exercise and Massage," by C. Hermann Bucholz, M. D., pp. 427+XI. 89 Engravings. Published by Lea & Febiger, Philadelphia and New York.

In editing this book, Dr. Bucholz has filled a great felt want. The general part brings out the value of these methods of treatment thoroughly. His point in respect to the advantage of active over passive exercise, is well taken. The principle and methods of massage are clearly described, his advice against undue severity in its application, and his condemnation of mechanical massage apparatus excellent. His contention, as to the benefit of proper, manual massage and therapeutic, corrective exercise over that of electro-therapy is truly forcible.

The special part covers the ground well, and

his opinions regarding forcible manipulation, fracture immobilization and lack of general knowledge in regard to the oddities in the anatomical variations of the last lumbar vertebra, are very good.

Although Dr. Bucholz's opinions apparently differ from those of former medical and surgical text-books, his descriptions are clear, his deductions instructive and for the Practitioner and Student it is a book of value, and well worth reading. C. H. Keppler, M. D.

The Medical Clinics of Chicago, Vol. I No. 5 and No. 6. Published by W. B. Saunders Co., Philadelphia, Pa. Presented at bi-monthly intervals a collection of Clinical lectures and monographs on topics of daily interest to internists and general practitioners, the Medical Clinics of Chicago deserve commendatory notice.

The practicable nature of the topics discussed and the well known teaching ability of the contributors will undoubtedly earn popularity for this series among busy men who desire to keep abreast with the progress of modern thought in medicine.

Wm. Petry, M. D.

Medicine and Surgery. Vol. I No. 2, April, 1917. Philip Skrainka, M. D. Editor in Chief. A monthly, 30 cents a copy. Three Dollars a Year. Medicine & Surgery Publishing Co., St. Louis, Mo.

A new comer in the medical journalistic field, with very pronounced views on some subjects, but giving the impression that it is not merely tilting at windmills to gain notoriety but means real business and aiming to stimulate thought. We hope this new broom will continue to eradicate medical cobwebs from dusty, jaded medical brains. A. A. S.

Fats and Fatty Degeneration.

A Physico-chemical Study of Emulsions and the Normal and Abnormal Distribution of Fat in Protoplasm, by Dr. Martin H. Fischer, Eichberg Professor of Physiology in the University of Cincinnati, and Dr. Marian O. Hooker, Instructor in Physiology in the University of Cincinnati. First Edition. Published by John Wiley & Sons, Inc., New York. Price, \$2.00 net.

Cataract, Senile, Traumatic and Congenital by W. A. Fisher, M. D., Professor of Ophthalmology, Chicago Eye, Ear, Nose and Throat College. Published by Chicago Eye, Ear, Nose & Throat College, 1917. Price, \$1.50, postpaid.

REPRINTS RECEIVED.

Maternal Mortality, from all conditions connected with Child Birth, in the United States and certain other countries, by Grace L. Meigs, M. D. Publ. U. S. Department of Labor, Children's Bureau No. 19, Government Printing Office, Wash., D. C.

The Institution Quarterly; Vol. VIII., No. 1, March 31, 1917. An official organ of the Public Charity Service of Illinois.

Transactions of the Chicago Society of Internal Medicine. Vol. 1 and 2, Chicago: 1917.

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DON'T FAIL TO ATTEND THE ONE HUNDRED AND FIFTY-FIRST ANNUAL MEETING OF *The Medical Society of New Jersey*

At the Hotel Chelsea, Atlantic City, June 11-13, 1917

GONORRHEAL SALPINGITIS; ITS CONSIDERATION AND TREAT- MENT.*

BY BROOKE BLAND, M. D.,

Instructor in Gynecology, Jefferson Medical
College: Gynecologist to St. Joseph's
Hospital, Philadelphia.

Titanic calamities, world conflagrations, and world catastrophies are generally traced to their source and their responsibility placed. As a result many of the horrifying and terrifying epidemic diseases such as smallpox and plague have declined or disappeared with the passing centuries. This is not true of the heinous scourge of the venereal diseases, and who is responsible for the continuance and the widespread devastation of these infamous conditions? Infections that cause more misery, unhappiness, sorrow, greater material loss, deformity, physical and mental, and a greater degree in general of morbidity and mortality than all the infectious diseases combined. Our governments, National, State, and Municipal, spend huge sums of money to isolate and control measles, diphtheria, scarlet fever, smallpox, infantile paralysis, chicken pox and whooping cough, but for the diseases that do more to depopulate the world than any other conditions comparatively insignificant sums are expended, and they are allowed to run unshackled their wild consuming course.

Pennsylvania is spending this year 145,000 good, round, shining, silver dollars for

the conduct of its health department, and the meritorious work accomplished by Dr. Dixon, its director, is well known to you all. Very little, however, is devoted to the control of venereal infection. New York City distributed from its treasury in 1916 \$1,902,352.17 for the conduct of its health department. This State in 1915 spent \$388,000 for the same purpose, but only \$7,000 was devoted to the control of the venereal infections. During the summer just past, New York City spent \$329,451.87 in its fight against poliomyelitis. None of the ordinary infectious diseases exact the toll, cause as many cripples in lame, halt, and blind, feeble-minded and insane as do the venereal diseases, and who, I repeat, is responsible for this frightful holocauste? Is there no one to stand and battle to protect our boys and girls from this black scourge? Must we be compelled to simply stand complacently with folded arms and see eight per cent. of our boys and from twenty to forty per cent. of girls infected with gonorrhea or syphilis. In other words, if one has a family of ten boys, eight of them will likely become infected, or a family of ten precious little girls two to four may become infected. Is this state of affairs to be continued? Is it not the duty of the medical profession to bring this matter to a head, to force an issue, and overcome the false modesty that has been spelling damnation to the world for over three thousand years?

Gonorrhea is as old as the history of time. Its secret nature and destructiveness was known to the children of Israel and

*Read before the Mercer County Medical Society, Trenton, N. J., March 6, 1917.

Moses tried to smother it out. It has been rampant through all the ages and very little has been done in a corrective way to place it under proper control. The European war has brought home to the people of Continental Europe and those of the British Isles the terrible moloch and menace this scourge really is. The war has brought vividly to all the belligerent nations the dangers of venereal infection and it has demonstrated to the widest circles the necessity for energetic measures to combat the disease to which the human family has for more than three thousand years been reticent and modest in regard to its proper restraint and control.

Humanity, at last, however, is beginning to properly interpret the signs, and it is to be hoped that before long drastic and efficient regulations will be placed over the conditions that are as horrible as was the pest in ages past.

History—Historically, Luys says, that gonorrhea is as old as man and that urethral discharges have been known throughout all the ages. It is generally conceded by all authors that the earliest description of gonorrhea dates back to about fifteen hundred years before Christ, and Moses in the fifteenth chapter of Leviticus—quoted by all authors—refers to the individual with a “running issue.” Moses, moreover, recognized the danger and contagiousness of gonorrhea and emphasized the importance of isolation and cleanliness.

Anglada states that the disease was prevalent among the early Jews and that circumcision was devised in order to guard against balanitis, one of the common complications of gonorrhea. Luys claims, however, that the first scientific paper on the subject was written at least twelve centuries later, 300 B. C. This was compiled by the celebrated Hippocrates, who, history teaches, wrote voluminously at the age of thirty years or about 330 B. C. He described the disease, its symptoms, and complications, both in the male and female. All of the great thinkers of Greece wrote of the disease including Aristotle. Plate Seneca, and others. Celsus, writing in the period of Augustus, was the first to attribute the disease to an ulcerated urethra. Galen, writing in the second century of our era, was the first to apply the term gonorrhea. He regarded the disease as an involuntary discharge of semen and it was Erataus who first distinguished gonorrhea from other urethral discharges.

Venereal diseases in general were de-

scribed by all the writers through the following centuries until about the beginning of the sixteenth century when Vigo published his work making a clear distinction between gonorrhea and syphilis, and according to this author, syphilis made its first appearance about 1494. Up until the time of Rabelais in the sixteenth century all the authors were in accord as to the distinctiveness of gonorrhea and syphilis, but confusion arose when Brassavole published his work in 1551, claiming that gonorrhea was a phase of syphilitic infection, and like his predecessors he dated the outbreak of syphilis back to the siege of Naples.

The venereal diseases for a period then were regarded as one. This view was held by Ambroise Pare (1564) and all the men who followed him including the celebrated John Hunter. It was left for Benjamin Bell, in 1793, to definitely establish the distinction between gonorrhea and syphilis, and in 1812 Hernandes of Tulon by inoculation experiments proved conclusively that gonorrhea was never followed by syphilitic lesions. In 1872 Hallier discovered the presence of micro-organisms in the pus cells of gonorrheal discharge, and in 1879 Albert Neisser, of Breslau, discovered the gonococcus. His researches were confirmed by other men, and in 1884 Bumm succeeded in growing pure cultures of this germ.

Frequency—One cannot possibly estimate the prevalence of venereal disease, because these infections are largely concealed and they are not under the jurisdiction of our health departments, therefore, they are not reported. These diseases are clothed in the deceptive and dangerous garb of secrecy and hence their high degree of dangerousness. Why should diseases more pernicious and noxious than all infectious diseases combined be allowed to run rampant? *Whooping cough and chicken pox* are recorded and those infected, isolated, but the diseases that are infinitely more destructive to the human family are allowed to go unchecked.

In 1909 a commission of seven in New York (according to Norris) estimated that there were 220,000 venereals in that city, and this, the author says, was confirmed by medical investigation. This committee believed that the figures could be multiplied by at least seven, therefore, making 1,400,000 venereals really existing. Would one be going too far to claim that more cases are even present than this, because it is well known to all that a great army of individuals walk about wholly innocent of their

condition and unconscious of harboring infection. A committee on venereal disease in the State of Washington quoted statistics showing that eighty per cent. of the men in the large cities and that forty-five per cent. of the women have had gonorrhea once or several times, and that forty-five per cent. of married men infect their wives. These figures seem rather high. Doctor Morrow, of New York City, claims that venereal disease "causes twice as high a degree of morbidity and mortality as do all other infectious diseases placed together." In 1906 the doctors of Baltimore treated 2,210 cases of infectious diseases and 9,450 cases of venereal disease. In New York City there are annually 41,000 cases of infectious disease, and at least 22,000 cases of venereal disease. In 1910 a canvas made throughout Germany showed that 100,000 cases of venereal disease were treated every day. (Norris).

Economic Phase—Prostitution is the most common cause of the dissemination of gonorrhea, and it is claimed that 500,000 prostitutes are found in the large cities of this country, and that at least 40,000 of these unfortunate women, at just about their period of highest usefulness, die annually as a direct result of their nefarious calling. It is impossible, however, to say how many women die as a result of gonorrheal infection, but we do know that the number is extremely large and further that the majority of the mutilating and sacrificial operations upon the generative organs are caused by gonorrhea. It is claimed that at least seventy-five per cent. of the operations for inflammatory conditions of the tubes and ovaries result from this disease. Think of the economic loss from prostitution alone as a result of first, chronic invalidism and incapacity, and second, from the tremendous death rate. Norris states that it costs the world annually \$125,000,000 for prostitution, and it is said that the city of Chicago spends \$15,000,000 every year for this vicious practice. Think of the enormous loss that results primarily from women who die as a result of operations upon the uterine appendages! Women, dying at a time of their greatest efficiency and highest value to their country! Women dying at a time of early motherhood with frequently families of little children dependent upon them. Or secondarily, think of the untold numbers of mutilating and sacrificial operations upon the pelvic structures necessarily followed by sterility and the loss of thousands of unborn lives to

the nation. And thirdly, think of the great economic loss of these women who after infection and operation remain incompetent and semi-invalids the balance of their days.

Kelly estimates that the venereal diseases cost this country \$3,000,000,000 a year, and Norris thinks "these figures are under estimated rather than exaggerated. The question of venereal infection is a very vital one and in an economic sense forms one of the most consuming problems of our time. The destructiveness of these diseases both in a material and human way is almost beyond the power of mind to comprehend. It is impossible to conceive why more study and thought have not been applied to a pest than has been present with increasing destructiveness for a period of 3,500 years. Yet, during all this time, no definite steps have been taken to place the disease under distinct economic, civic, governmental, or medical control.

Venereal disease is largely preventable and it has been estimated that the annual cost to this country from preventable disease amounts to billions of dollars, and venereal disease alone forms a large part of this tremendous economic waste. One reads constantly of the methods established by our civic organizations and medical societies to prevent life destruction and favor life extension, but seldom a word concerning the control of the black scourge. To-day economics and conservation form the most burning topics of our time, and these questions occupy the public mind at the present more than at any period since the beginning of man. The intrinsic qualities of these factors are more fully appreciated than ever before. They have assumed a new vital significance and are referred to constantly. The conservation of human life and health is the most supreme function given to mankind, and the principles of conservation bear a distinct relation to medicine and the laws of life in general. Economics bear a similar relation, and it is unusual to hear a medical subject considered without special reference being made to its economic phase.

The consideration of this character of medicine in general has given birth to the intensive study and practice of preventive medicine. The questions of conservatism and economics apply with striking force especially to the functions that are essentially concerned with the reproduction and propagation of life, and these factors constitute the greatest concern of the nations of the world to-day. This is particularly

true of the battle torn countries of Europe where the destruction of humanity stands unparalleled in all history.

The question of life conservation is a very vital one and hence are we not justified in assuming that the destructiveness of gonorrheal infection, a disease that is responsible for such a tremendous morbidity and mortality, a disease that asserts itself primarily on the structures fundamentally associated with reproduction and propagation of life, forms one of the big human economic themes of our life to-day? On the prolongation, extension and preservation of humanity and its economic control depend the existence of the human family and the future of all mankind.

The medical profession at last has been awakened to this important problem and the desire to preserve and extend the life of man has been responsible for the advancement made in medicine and surgery in the passing years. To-day economic and conservative surgery are practiced with feverish anxiety, and in all time the efforts of the laboratory worker, the internist, and surgeon have been directed to decrease morbidity and diminish mortality. The European war emphasizes this fact with poignant intensity, for to-day in the blood-stained battle fields of quaking Europe medicine and surgery are practiced with an eye single to preservation and conservation. Never in the history of medicine and surgery have these words been fraught with such anxiety. To the nation that embraces these factors to the highest degree, victory is sure, but to the nation indifferent it will spell defeat.

The economic loss of things material and things human as a result of gonorrheal infection is fathomless, because, as previously stated, this infection works havoc with the structures fundamentally involved in life production. *Albert Neisser states that with the exception of measles gonorrhea is the most wide spread of all diseases. Nearly everyone has had measles.* Norris states "that gonorrhea is the most potent factor in the production of involuntary race suicide and by sterilization and abortion does more to depopulate the world than any other known cause." He further says that "no other condition known to the medical profession has caused so much suffering throughout the civilized world as has this disease." Morrow claims that the venereal diseases contribute a sum total of morbidity nearly double that of all other infectious diseases, both acute and chronic, combined

and he claims that 1,500,000 men are annually infected with gonorrhea in this country. (Norris).

Gonorrhea causes at least fifty to seventy per cent. or more of all pelvic inflammations in women and the sterility resulting therefrom is enormous. By most observers it is reckoned at from thirty to sixty per cent. Accurate statistics have been compiled in France and it has been found that of about 10,000,000 families (Norris) that 2,000,000 are childless. These results, according to Neisser, would tend to show that "gonorrhea is responsible for nearly 1,000,000 sterile marriages in that country." This does not include the vast number of one child sterilities due to this condition. Incidentally I would like to add that one of the most horrifying morbidities wrought by gonorrheal infection is that of ophthalmia and it is said there are 1,000,000 blind persons in this country and that twenty-five per cent. or 250,000 of these have resulted from gonorrhea.

Prophylaxis—Nearly all the work of a preventative character that has been instituted in this country has been inaugurated by our medical societies and civic organizations. Our national, state and municipal governments have done but very little in a public way, but they have appreciated the problem from the military side.

In February, 1905, the American Society of Sanitary and Moral Prophylaxis was organized and many branches of this association have been established throughout the country. This society has undoubtedly accomplished considerable good in an educational way, but to become a definite and beneficent factor it must be supported by our national, state and municipal governments. Similar organizations have been established in nearly all the countries of Europe. The importance of the control of the venereal diseases has assumed a new phase to the belligerent nations, and a report recently issued by a special committee of the Munich Aertzliche Verein, a medical association to study questions affecting the promotion and preservation of racial vigor, states that "the venereal diseases are next to alcohol and tuberculosis, the most dangerous enemies of the human race." In treating this report, editorially, the Munich Med. Woch. states that "the full importance of these questions were realized only by a small part of far-seeing men, but the war by revealing the dangers threatening the race from declining birth rate, has awakened all to make energetic efforts to com-

bat the causes of birth-rate decline." This journal asserts that "the venereal diseases are among the worst enemies of mankind and it is our duty to restrict their death dealing action on the nation." This journal as a corrective measure urges compulsory notification and compulsory treatment as the only means that promise results.

The Munich Society also adopted resolutions recommending similar measures. In Germany there are in addition several other national organizations of a like character. Some go as far as to demand that the venereal diseases be included in the "regulations regarding epidemic diseases." This question is also receiving wide-spread consideration in Great Britain. The English Parliament appointed a committee on November 1, 1913, to study the problem. This committee made an extensive investigation and reported their results on March 1, 1916, and the report and recommendations of the committee were adopted by the English Local Government Board on July 13, 1916, four months after presentation. The law instituted by the Government Board is not as rigorous or as sweeping as the methods recommended in Germany, but is more restrained and temperate. It urges educational measures and does not recommend compulsory notification or compulsory treatment. Its main objections to these are that "it would do actual harm by deterring persons from seeking treatment and drive them more than ever to unqualified persons or quacks."

The act adopted by the local government board provides for universal free diagnosis and free treatment and the cost of this work is to be met, seventy-five per cent. from the Imperial Treasury and twenty-five per cent. from the local government funds. The order is in many respects, as stated editorially by the Journal of the American Medical Association: "Epoch-making, and it marks the first effort of any English-speaking country or indeed of any large State to deal directly with the venereal problem on a large scale." This is a remarkable change in the English public mind, for ten years ago it was absolutely impossible to persuade the English Government to appoint a commission to consider the venereal disease problem and today it forces into law the recommendation of a commission four months after the commission submits its report. Western Australia has adopted more efficient laws and requires all venereals to be reported and treated until cured under penalty of a fine

or imprisonment. Publication of advertisements on the subject is absolutely prohibited.

Treatment—The present treatment of acute gonorrheal infection of the Fallopian tubes and of the pelvic structures in general, in other words, in acute gonorrheal pelvic peritonitis, is distinctively along conservative lines and decidedly more so than prior to a few years ago. *This change is a fortunate one for the human race.* We have discovered by instituting less radical methods and by getting away from the belief that pelvic infections were surgical emergencies, that our results both in morbidity and mortality have been materially improved. The changes in the mode of treatment of these infections have resulted largely from the lessons we have learned from our present knowledge of immunology. Watkins says that our treatment today is based largely on our knowledge of immunity. Pelvic infections were formerly looked upon as local processes and recovery was attributed to local changes. Immunology has taught us that these infections are chiefly general and that recovery is largely due to systemic auto-vaccination. Watkins claims that the important progress made in our treatment of these cases has been undoubtedly due to a better understanding of the question of natural immunity.

The general teaching now concerning inflammatory exudate is that it is protective and not a destructive process, a conserving element and nature's method of protection. It is well known that pelvic infection is especially favorable to the development of immunity, in fact more so than in any other section of the body. Nature reacts more acutely in this field and restores, not tardily, but quickly by throwing up barriers of protection, and these confine and destroy the invading bacterial agents. It is well known that natural processes rapidly render pelvic infections innocuous and commonly sterilize or destroy the causative factor.

In discussing the therapeutics of gonorrheal infection of the Fallopian tubes and the pelvic contents one must naturally first consider the treatment as applied to the acute period of the disease, and, secondly, to the relics or sequale that result from the acute process. Our one aim in treating these lesions by whatever method should be essentially economic or conservative, and in the acute stage, unlike acute infections in other organs of the body, this function is best served by first instituting medical

measures and not by applying hasty or meddlesome surgery. By the institution of medical means one will be able to reduce the morbidity, decrease mortality, frequently avoid mutilating surgery and sacrificial operations, and, therefore, often conserve anatomical structures with retained function. Numerous clinical case records confirm this view.

All writers cite cases of acute gonorrheal infection of a very extensive nature treated along medical lines, in which the patients subsequently became pregnant one or more times. Unfortunately this is not the common result of specific infection of the Fallopian tubes, but it illustrates nature's wonderful power to destroy infection and preserve the reproductive processes of the generative organs.

The treatment we employ in our service in Jefferson and St. Joseph's Hospitals is to obtain for these patients, first, rest—absolute rest. Whenever obtainable, we place them in a quiet room. Otherwise they are isolated in one end of the ward and screened off. We expose them to all the sunlight and fresh air possible. Whenever necessary we move or change their beds in order to secure the benefit of these wonderful allies of nature. An abundance of fresh air is given to these patients both by day and by night. The airiest section of the room is provided, and whenever possible these patients should be placed on roof gardens or outside of closed rooms. Nervous excitement and emotion are absolutely prohibited and visiting is discouraged and restricted to a minimum degree. Nature's powers are fortified by the free administration of food. No embargo is placed on their diet. *Liquid food never assisted an individual to destroy invading micro-organisms.* We feed these patients frequently with concentrated food and push it to the point of gastric tolerance. Water is given freely and the quantity is increased by the administration of saline solution by the bowel. Purgation is absolutely prohibited. It is harmful and destructive. It stimulates intestinal peristalsis and tends to extend localized infection in the pelvis and beyond. We depend on mild laxatives or preferably low enemas, and we do not resort to the old orthodox method of "draining the peritoneal cavity" by the administration of powerful saline cathartics.

If there is a tendency to unusual peristaltic action we give these patients hypodermically small doses of morphine. This agent not only splints the intestines and

favors localization, but at the same time relieves pain and obtains additional rest for the patient. We have employed serums and vaccines, but the results have not been pleasing, and we have discontinued their use. Blood transfusion is recommended by some men and some claim to have obtained excellent results. It may have possibilities. How great these will be will depend on the results derived from its more extended employment. We have had no experience with this method of treatment. Other agents to increase natural forces of resistance have been utilized for a long period. We have also employed these materials, but the results have not been gratifying. Locally we also apply warm water bags to the abdomen and we use hot vaginal douches of one per cent. Lugol's solution (Liq. Iodine Comp.), one gallon at a temperature of 110 degrees F. twice daily. These agents are comforting and perhaps have a beneficial influence on the inflammatory process. In all primary infections this plan of treatment we endeavor to pursue, for despite the gravity of the symptoms of acute gonorrheal infection the danger to life is slight. Moreover, if the method I have outlined is resorted to the majority of the patients will recover, at least, symptomatically and a certain percentage structurally.

Surgical Treatment—The question of when to operate is a very vital one, but in all first attacks during the acute stage, early surgical intervention is not indicated and its employment is vicious and meddlesome. In cases of repeated exacerbations of an old infection, medical treatment will only avail in a small number of instances and in these surgery should be resorted to. The teaching to-day concerning the surgical treatment of acute pelvic inflammation to "wait until the temperature reaches normal and then operate," is wise instruction, but it does not completely cover the premises. With the fall of temperature or during, as it were, the afebrile stage of the disease, nature's therapeutic agencies are just becoming operative. Give them a chance. Wait until the temperature strikes the normal and then still wait, for in so doing one may side-step a dangerous and mutilating operation and preserve structures with powers of future function.

If, however, after a reasonable period of time the symptoms do not yield or subside one will be compelled to institute operative interference, and when this decision is finally reached the thought of the surgeon from that period should be: How much can

I save? His whole aim should be conservation of tissue with preservation of health. When extensive and destructive lesions involve both tubes naturally it will be necessary to sacrifice them. In cases where the disease, however, is localized to one side, one may be compelled to remove this, but efforts should be made to preserve the opposite or less affected side. In cases not associated with extensive changes in the tubal wall one may be able to milk out the pus from its canal and partially at least sterilize the interior by carrying into its lumen a probe covered with iodine. I have done this on several occasions and I recall a patient upon whom this operation was performed two years ago. The right ovary and tube were removed. The left tube was milked and iodine was carried into its canal. Recently the family doctor informed me that the patient is four months pregnant.

The disposal of the uterus in cases where the diseases is so extensive as to necessitate the removal of the tubes and ovaries should not form any question for decision. It is infinitely better surgery to remove this organ with the tubes, because if allowed to remain it is a source of persistent irritation, frequently causing prolonged and annoying discharge, and may occasionally require a subsequent abdominal operation. It is more practical to remove this structure in all cases requiring a double tubal extirpation, because one not only removes a source of persistent trouble, but it enables one better to control hemorrhage and leave the pelvic cavity in a more surgically refined condition. The question of ovarian conservation is a very important one, and whenever possible one or both or a portion of one or both should be saved. This is particularly true in infections occurring before the age of forty, and unfortunately they nearly all do. After forty years it makes very little difference as to their disposal and then perhaps it would be better were they removed with the other structures. Removal before forty, however, results constitutionally in extensive disturbance in the vital systems of the body, and locally in marked atrophic changes. Their removal may also result in the loss of all sexual desire and the atrophy of the vaginal walls may be responsible for a great deal of marital unhappiness.

In case of extensive tubal infection associated with suppuration in the Pouch of Douglas, our plan is to make a preliminary posterior vaginal incision, allowing the pus

to escape and then gently mop out and not irrigate the pelvic cavity. Drainage is established either with gauze, a large rubber tube, or both for a period of five or six days or longer, and then if necessary we subsequently open the abdomen. By this measure one removes a considerable quantity of infectious matter and thereby reduces the morbidity and mortality of the subsequent abdominal operation. Occasionally, this method will relieve the patient permanently providing, of course, the tubes have been infected minimally, and the material has drained into the dependent portion of the pelvis. In the majority of cases of extensive pelvic infection where we feel impelled to remove infected structures we begin our operative procedure by making a preliminary posterior vaginal incision, evacuating as much material as possible, and with the primary view of establishing drainage through this channel. We feel that vaginal drainage offers a great many advantages. We utilize it in practically all cases and rarely do we drain through the abdominal incision. However, when we do, it is only in combination with the vaginal drain.

Finally, permit me to say that our whole aim in the treatment of acute and chronic infections of the Fallopian tubes and pelvic viscera should be along the lines of economization and conservation, first, of life, and second, of tissue, and that in many instances these factors are best accomplished by trusting to the powers of nature and the utilization of conservative medical measures, rather than by early and hasty institution of dangerous and mutilating surgery.

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Time and Value.—Hippocrates truly said that art is long. The time occupied in doing an operation is no measure of the value of the service rendered. When Whistler in his action against Ruskin was sneeringly asked by counsel how long it had taken him to paint a picture which to the untrained eye doubtless seemed a hasty sketch in colors, his answer was "twenty-five years."—Brit. Med. Jour.

RADIOGRAPHY AS AN AID TO THE SURGEON.

Address of the Retiring President of the Academy of Medicine of Northern New Jersey
Delivered May 16, 1917.

AUGUST ADRIAN STRASSER, M. D.,
Arlington, N. J.

Fellow of the American College of Surgeons;
Fellow of the American Association of Obstetricians and Gynecologists; Medical
Director and Surgeon of the Stumpf
Memorial Hospital, Kearny, N. J.;
Assistant Surgeon, St. Michael's
Hospital, Newark, N. J.; Adjunct
Surgeon, St. James
Hospital, Newark, N. J.;
First Lieutenant, Medical
Reserve Corps,
U. S. A., Etc.

Another year of the activities of the Academy has rolled by, and by your grace and courtesy it has been given me to preside at your meetings in the capacity of the highest honor you can bestow. One would be exceedingly ungrateful to pass such a year's achievements in this position, without feeling both proud and at the same time humble. For he who assumes it and is not conscious of the pride such an action by his fellows confers and who is not humbled by the sense of his inability to measure up to all that it implies, must surely be dead to his own sensations.

The result of a broader outlook for the medical and social life of a large portion of the State, and especially of a community such as this, was the beginning of this institution. It is surely fulfilling a want in our lives even though the real purpose of it has thus far not been accomplished, although we have striven very hard to reach a highroad toward that particular goal. This Academy is not only for the purpose of bringing before the profession the latest thoughts, the deepest sentiments and the most progressive ideas, but it stands for more; it stands for the enlargement of the horizon of all its members. It is in the position of the teacher for those who follow us, the spokesman of the best men of today, the worker in the interests of scientific research and in time it is hoped when we have become fortunate enough that we will no longer have to ask the courtesy of our friends to domicile us, have a home of our own for our libraries, a meeting place for our special workers, a congregation room for those that want the social recreation that comes so little to men who give their lives as so much of their substance to the relief and care of those for whom we

stand committed to work and die in harness.

It behooves us, therefore, to go a step or two forward and portray to you what may and should, if all goes well with us, be the ultimate outcome of this effort to unite the professional men of the upper part of New Jersey so that they might speak with authority when they speak; that they might look upon their Academy and its rulings as the dictates of the best of the profession. And the time must surely come when it can speak with such authority and be heard respectfully.

We have progressed from our small beginnings to the present where we have reached a point when a little money thriftily laid aside has been able to make us feel that some day we would be independent of all financial worries and then be able to offer our members and friends and prospective members a place where they would feel perfectly at home.

From small beginnings our library has grown to its present proportions. We have been assured that when our home is a permanent affair that our medical library and the Newark Medical Library would become consolidated, with one or more librarians in charge, fitted especially for the work and willing to help the occasional reader and the busy research worker.

Let us consider for one moment what increasing benefits we can offer our members and prospective members if we wish to grow and have the Academy make good. It is not enough, although a very thankless job, to find the most able speakers to address you; that in itself is very frequently of the nature of a relaxation and very well serves to carry out its best intentions.

It is the encouragement of the members themselves to partake not only of the good things set before them but to furnish something that is full of benefit not only to one individual but to us all. For it is usually the individual himself who has given the study and thought relative to this question that gets the greater benefits from the worker; for every hour that he has put upon a well considered paper remains to the end of his life so much knowledge gained that can never be taken from him except by illness of mind or death.

The full and free discussion that papers usually receive at our hand is in itself an index of the knowledge that friends and fellow-members bestow upon the thoughts contained in a paper and I feel that such discussions are also of inestimable value when you consider that all of the present

thinking is done by a few, and the great mass of people, doctors included, would by far rather be instructed in a simple, non-exertion way than by actual working of their brains.

We cannot leave this theme, however, without a final congratulatory word. It was largely the get-together spirit of those who served as your trustees and the present Board of Health that made a dream assume some semblance of reality, and chiefly the indefatigable labor of love of the president of the Board of Health, who unselfishly is giving time and energy to making us more than comfortable, in reality affluent. You may not realize it but our library is not to be passed by lightly; and let me assure you when completed, the museum of medical lore and practice will be a liberal education in itself. All honor to the man who is giving us this chance and I trust he realizes that we deeply feel our obligation to him for his disinterested work in the behalf of the profession and the Academy specifically. This is not lip-service but expression of the sentiments voiced to me on the subject by others also, who though they may be jocular in seeming disdain are privately as proud as they can be of their advantages and privileges in this line.

In casting about for something that might interest the members of the Academy in this final address of my presidency, I felt that I could do no better than give you a practical resume' of a subject that has not been fully gone into at any of our meetings and which deserves more careful attention, by the internist and the surgeon or the so-called general practitioner who perforce is versed in both branches of special medicine to a certain degree.

The history of medicine has scarcely a chapter more replete with the bickerings and counter-accusations, the criticisms and comparisons, that surround the subject of gastric and duodenal ulcers. At first claimed entirely by the internist and the dietician as the province for their labors, it was they who urged the physiologists to unravel the processes of digestion for them; but we know how futilely. The diagnosis based on laboratory findings proved a broken reed to lean on and while never in total disrepute, the assurance given by it was never perfect and autopsy after autopsy proved the futility of such diagnoses and such treatment. Then the pendulum swung the

other way. The work of Czerny, Roux, Mikulicz, Doyen and Billroth commanded the world's respect, and a new physiology to meet their findings had to follow their effort. But as Coffey in his recent resume' pointed out, here the progress stopped for a time because the enormous mortality attending these efforts swung the pendulum once more to the preponderance of the internists' treatment. It seems to be the law that it had to come back again some day, and it remained for the American and English surgeons to re-establish gastric and duodenal surgery on its present foundation. Senn, Murphy, Robson and Connell furnished the means of rapid and safe suture methods and the skillful artistry of Moynihan and the Mayos made possible the present safety of surgical interference, that successfully challenges the internist and his treatment in the results achieved.

This is all a resume' of history; and is preliminary to the subject in hand. In discussing, therefore, the value of the radiograph as an invaluable auxiliary in abdominal surgery, particularly referring to the one section of gastric and duodenal ulcer, the vital part of the entire question is centered in the diagnosis. We have been taught by the clinician that a certain concatenation of symptoms meant such a lesion and another chain of events a different one. But the evidence gained on the operating table by actual sight caused a more rapid revision of symptoms, which the autopsy had not been able to accomplish. Naturally, the surgeon made for himself a new schedule of symptomatology; but he became equally peeved because what had happened to the internist happened to him. The lesion refused to show the same symptoms clinically each time. The patient's personal factor served to throw the one symptom in relief and the other into obscurity and the result was chaos and guesswork. The percentage of correct guesses was in reality very high; but gradually a technique was evolved by such men as Haudeck, Cole and Case as pioneers, that "so rapid has been the advance that roentgenology is at least a very close second to the clinical history in importance as a diagnostic agent." And the statement is made by Coffey that "combining all of the means of clinical diagnosis with roentgenography, it seems possible now to make a correct diagnosis in ninety percentum or more of gastric or duodenal ulcers, which is truly a remarkable achievement."

It is, therefore, of the help this diagnostic aid has rendered me and the lessons it has taught me, and the inestimable comfort it has given me that I wish to speak tonight and to point out to you the findings in a few cases, by radiography and by the laparotomy, what this has amounted to. We refer our audience to the resume' of Coffey for an apparently unbiassed abstract of the comparative value of the medical and surgical treatment of these two types of ulcers; to enter into any discussion of that kind here would lead us too far afield; we must, however, requote a very significant quotation of Moynihan's address before the British Medical Association in 1913, where he said: "There is now no longer any doubt in my own mind that the commonest site of gastric ulcer is in the right iliac fossa. That is to say, that in the majority of cases, in which the most erudite teaching of the most astute German physicians would justify or compel a diagnosis of ulcer, the patient is often suffering from a lesion elsewhere and more often than not in the appendix."

Such teaching from the masters in surgery does not serve to strengthen conviction in one's certainty of diagnosis and the use of the radiograph and its competent interpretation serve much more to strengthen one's morale in the matter of diagnosis of that rather elusive clinical entity, the gastric ulcer or the duodenal ulcer.

It is of this valuable stiffening agent to one's morale that this paper treats tonight; not only in the elucidation of these elusive clinical entities, but of the many peculiar surprises that awaits him who uses this means to avert errors in that tricky science of diagnosis of abdominal conditions. For instance, the clinical history of an hour-glass stomach will at times so simulate the gastric ulcer that causes the condition that it certainly makes for a clearer picture when the testimony of direct vision clears up the doubt. The symptomatology of the pyloric obstruction is not so clear that it may not also fit that of an obstruction at the jejuno-ileal junction; still the radiographer gives valuable aid in preparing the surgeon for just those findings if his aid is invoked, and woe to the surgeon who in self-sufficiency neglects this aid, for he is doomed to dire disappointment at times on that score alone; and the time will come when to operate on the contents of the upper half of the abdomen without using all means of diagnosis will reap the same opprobrium as to take care of complicated fractures with-

out the roentgen ray; or the treating of obscure anemias without the blood counts and other reprehensible practices.

For if the lower half of the abdomen is full of surprises for the gynecologist, the upper half is most certainly so for the surgeon. To the one prepared these surprises come without anxiety; but to him whom they find unprepared, the anxiety robs him of the best possible work and poor work revenges itself by being the causation of mortality or future morbidity of the patient and he cannot always "get away with it."

Experience comes from the study of numerous plates, and guided by a skillful radiographer the surgeon in time if he studies his plates gets to form his own opinions and ere long, he visualizes the processes going on in the abdomen in terms of actual lesions when he looks over the plates, that are taken for him, I will show you later if I can reproduce by words the picture actually found in some of the cases, where the plates showed in the cleanest manner just what was occurring in that particular intestinal tract.

As for instance the following case. (Plate 1):

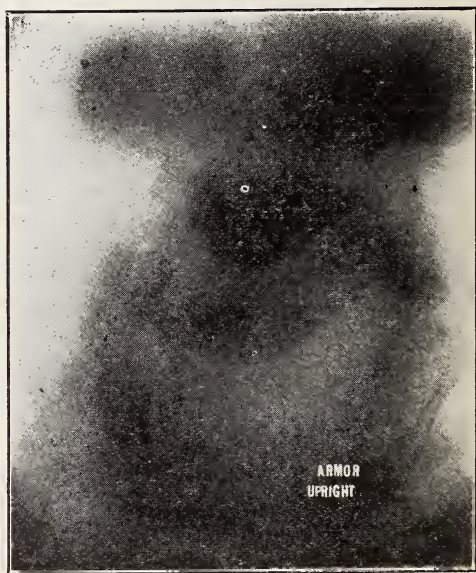


Plate 1.

This patient was operated two years ago for an acute cholecystitis and cholelithiasis. She made a slow but very satisfactory recovery from a cholecystectomy. On March 9, 1917, I was called to see the patient who had been perfectly well in the interim until a few days before my visit, when she began to have the following symptoms: She vom-

ited her food as soon as taken and even in two days she had reached such a stage that she could retain practically nothing on her stomach. She seemed to be losing weight in even that short time, and immediate operation because of obstructive symptoms seemed more than indicated. The question naturally arose just where was one to look for the obstruction. The fact of early vomiting, almost immediately after the ingestion of food, the reference of the pain to the site of the former operation, made one look upon the possible presence of adhesions in the neighborhood of the gall-bladder as the most plausible cause for the present obstruction. As many of the series of plates shown here to-night had led me to look favorably upon the radiograph as a surgical diagnostic adjunct, I suggested radiographic study as a preliminary to operation. Plate One was the most interesting plate of the series and showed the following features:

On studying the plates one is surprised by a peculiar conformation of the small intestine just below the stomach and the radiographic diagnosis of intestinal obstruction involving the small gut was made with its causation far way from the gall-bladder site. Laparotomy disclosed this condition; on opening the peritoneum in the median line over the umbilicus, a moderately distended stomach and very contracted colon lying above two coils of small gut, that lay transversely, the upper one running from left to right, the lower from right to left and dipping down behind a large mass of collapsed small gut. At this point was a malignant stricture of the gut practically closing it off. Removal and side to side enterostomy was done, but patient did not survive the procedure.

I chose this case deliberately despite its fatal outcome to point out the fact that the radiograph foretold exactly the state of affairs, made the excessive handling of the tissues unnecessary, and under other circumstances must only have redounded to the patient's benefit. Whether the delay of twenty-four hours contributed any element of danger in this case is problematical, but the certainty of diagnosis surely justified the attempt at accuracy.

If symptomatology and clinical signs alone would have been relied on the case shown in Plate 2 would certainly not have been correctly diagnosed before operation. Mrs. W. of White Mills, Pa., came to me with the following history. About eight years

ago patient had a sharp pain in the epigastrium. A year later a hemorrhage from the stomach. Pains more frequent and severe since then; at present patient has them constantly. Vomiting relieves the pain, usually two to four hours after meals, at which time the pain is also at its climax. The vomitus is sour and is chiefly mucus and fluids.



Plate 2.

The roentgen examination showed on the six hour plate a residue in the fundus of the stomach and sufficient retention of fluids to give an outline shadow of the entire stomach. Immediately after the ingestion of the barium meal the stomach is seen to be of the hypotonic type, two inches below the iliac crests with an hourglass contraction beginning at the greater curvature to within a half inch of its free border. The communicating canal between the two sections is about a half-inch in diameter. The peristalsis is active, tone good, emptying power deficient. Besides the filling defect there are no other abnormalities. The diagnosis—ulcus ventriculi at the site of the hour-glass contraction in the body of the stomach.

There certainly was no doubt as to the clinical features markedly resembling a gastric ulcer, but we were hardly prepared for such marked condition as the radiograph showed to be present—the typical hour-glass stomach. (Plate 3). Operation was advised and accepted. Laparotomy showed simply a flesh and blood picture of the radiograph; a stomach divided into two parts by a passage so small that one wondered how the woman had been able to ex-

ist as long as she did. The usual horseshoe incision was made and the two cavities of the stomach anastomosed and a posterior gastro-jejunostomy done. The results were immediate almost. The post-operative convalescence was interrupted once only for a few days, but her later history was remarkably good. From one who was able to ingest food only to promptly regurgitate it in a few hours, patient took on flesh immediately and ate all sorts of food in quantity and has resumed arduous labors which, be-



Plate 3.

cause of weakness, she was incapable of before her operation.

Of course it may be answered that the indication for operation was perfectly clear, so why inflict a Roentgen study upon a patient's body and purse. This view to me is as false and untenable as to say that because a patient had pus in the urine the search for tubercle bacilli need not be made, or because there be irritation of the brain, a spinal puncture and ophthalmic examination of the disk need not be made. As the true artist paints with fidelity even the trivial, as the pianist strikes every note in a masterpiece to bring out the shade of meaning, so the diagnostician glosses over no point to make his preoperative pathology a definite thing; that is the zest in medicine; without it our profession would become humdrum, mediocrity its goal and inefficiency its reward.

For instance in the next series the pleasure lay not only in the committing oneself to a definite diagnosis preoperatively, but in

seeing it verified to the last iota on the operating table. Forewarned as to the findings one is not tempted to skimp the work because the finger cannot feel or the eye not see at the first glance what is expected.

E. G., aged 31 years, came to me first in 1910 with this history. For two years past she had had many attacks of sharp pain in the epigastrium, coming on two to two and one-half hours after eating and relieved by eating something more. The bowels were badly constipated, flatulence was extreme and accompanied by headaches. Several attacks of jaundice, with sudden onset of pain and just as sudden cessation, chilliness, and cold sweats justified to me then the diagnosis of cholecystitis with perhaps a duodenal ulcer. There was no palpable lesion. Although relieved by internal treatment, the giving of alkalies, etc., I advised operation. At that time I did not use the Roentgenray as much as now, partly because of its then prohibitive price, partly because of its poor results. Operation was declined, but patient four years later was operated on by someone else in Newark and again without a preoperative radiographic study, with the results as detailed below. The surgeon did a cholecystotomy, although he found a normal gall-bladder, except for adhesions. These should have apprised him to search further. In January of this year I was called to the patient who was in a truly wretched condition, and she gave following history of the interim. Following her gall-bladder operation she started to have almost constant vomiting after eating; gradually this grew worse and the surgeon gave her the pernicious advice to go on an ocean voyage to get "all up for good." Fortunately her lucky star prevailed and she decided to seek further advice before going away. Her plight was pitiable. Vomiting was constant; even water was almost immediately vomited, and if anything did remain her agony was excruciating, accompanied by attacks that simulated true angina pectoris. She was now willing to submit to anything to get relief. I refused to touch her until an x-ray study of the lesion was made by a competent man. I stopped all efforts at mouth feeding, allowed only boiled water and gave her rectal feedings.

Plate 4 is best described by the reports of the radiographer. "Examination immediately after the ingestion of the barium zoolak meal shows a stomach of the orthotonic type with active peristalsis and good tone. The pre-pyloric end is rather large.

There is no cap outlined or visible. The large intestine is filled with gas." Plate 5—"Examination of the stomach six hours after the meal shows apparently no residue, but it must be taken into consideration that

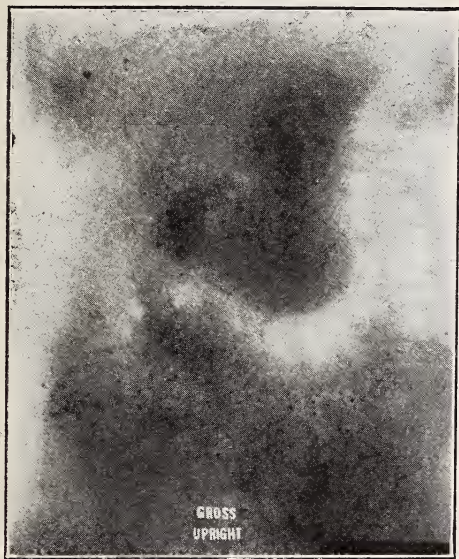


Plate 4.

the patient vomited four and one-half hours after the meal, and from the report the quantity vomited was large. The head of the barium column is at the hepatic flexure and some food is in the ileum. The region of the splenic flexure shows gas distention."



Plate 5.

Plate 6—Examination twenty-four hours after the meal shows food in the cecum and a small quantity in the transverse colon.

There is gas in the colon at the hepatic flexure. In view of these radiographic findings it is my opinion that this case is one of pyloric stenosis either due to adhesions or to some pathologic process near the pylorus. I don't exclude the duodenum in this involvement, because the adhesions around the subhepatic space seem to be considerable. This case demands immediate operation."

The x-ray findings were discussed with the patient and her family and she was operated on again. The operative findings were exceedingly interesting. The left rectus incision was made. It was found that the pyloric end of the stomach could not be delivered into the wound at all because of the firm adhesion directly back to the



Plate 6.

vertebral column. The duodenum could be felt running directly back (sagittally) at right angles to the pylorus, covered with fine weblike adhesions all over. That explains the absence of the cap in the radiograph. The tissue felt brawny but could not be inspected. The omentum was very short and thick. A posterior gastro-jejunostomy constituted the operation. I have never seen so rapid a recovery. Her vomiting ceased immediately, never to return. No post-operative opiate was necessary and now the woman eats almost indiscriminately, not to say ravenously, and has gained perfect health.

Of equal interest is another case I should like to show you now. A. B., at present forty-one years old, came to me in 1914

with the following symptomatology. He had lost weight, felt weak in the legs, nervous and grouchy at times, with attacks of pyrosis coming on about an hour after eating. No vomiting but occasional nausea. The pain lasted about an hour and gradually grew less. Test breakfast was given but was negative, both as to quantity and quality. Gastric lavage and alkalis kept him comfortable for a long while. He then developed a lobar pneumonia which ran a stormy but uncomplicated course, and immediately thereafter his gastro-intestinal symptoms became aggravated, so that now one to two hours after eating he had the typical hunger-pain relieved by more eating or alkalis for a time. On December 2, 1916, he was persuaded by friends to visit another surgeon who told him that he had a duodenal ulcer that was bleeding. He could only have made that statement on the basis of clinical judgment for actual search for blood in the stools was futile. It served, however, to scare the man unmercifully so that he was insistent on surgical relief; could no longer work or sleep or eat. I calmed his fears; began to feed him up on a carefully regulated Lenhartz diet, and for his anemia gave him iron hypoderematically. He was markedly improved, but the seed sown was insistent on growth, and he demanded operative relief. Medical treatment was too slow. I requested his submission to radiography. "Examination immediately after the ingestion of the barium zoolak meal shows a stomach of the hypotonic type, its lower border being two and one-half inches below the iliac crests. The peristalsis is impaired, the tone is weak and the emptying power is fairly rapid. The mobility is good. There are no incisurae or other gross abnormalities. Only the base of the cap is outlined. (Plate 7).

Examination six hours after the ingestion of the meal shows a fair sized residue in the stomach, the organ contracting well upon the contents. There is food in the jejunum and ileum with only a small quantity in the cecum. The head of the barium column is at the hepatic flexure. (Plate 8).

Examination twenty-four hours after the meal shows a colon sparingly filled, with some food in the rectum. The appearance of the pyloric region and the six hour plate serve to establish a diagnosis of chronic gastric ulcer at or near the pylorus with adhesions.

The operation consisted in a left rectus incision and the delivery of the pyloric

end of the stomach. A typical gastric ulcer was found one inch from the pylorus on the posterior wall of the stomach. A gastro-

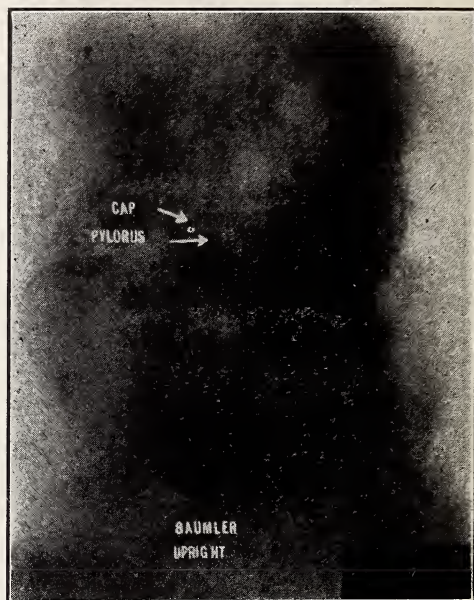


Plate 7.

jejunostomy was performed. Patient had a stormy convalescence, but gastric lavage saved the day, and he is mentally and physically entirely cured, has gained weight

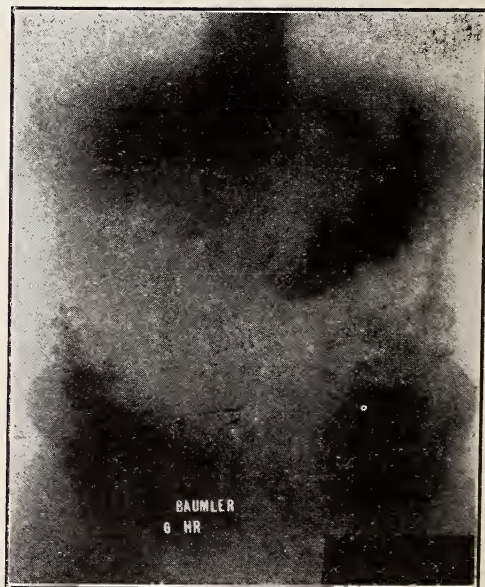


Plate 8.

rapidly, eats and sleeps well and is insistent on his own sagacity in demanding operation.

Here again it did not matter, laparotomy would have shown the true condition, the

treatment being the same both for gastric and duodenal ulcers. But I ask in all fairness, is not the artistry of diagnosis worth while? The satisfaction alone of being right makes one feel repaid for the efforts.

In November, 1915, J. H., of Old Bridge, N. J., a Finnish carpenter, aged thirty-nine, came to my office and gave the following history. He had been a heavy drinker until ten years ago when he began to vomit some fluids at irregular intervals, getting progressively more frequent and severe. He never had hematemesis, but had pain under the shoulderblades, and occasionally blood in the stools. His pains were severe enough to make him stop work, lie down and crouch to get relief. Examination of the abdomen shows rigidity in the epigastrium. Pains come from one-half to three hours after eating, and accompanied by vomiting. He had been treated medicinally and dietetically, and was now insistent on surgical relief. The radiograph showed on the six-hour plate (plate 9) a considerable residue in the

not outlined, the pyloric end of the stomach is directed upward and toward the right. "These findings serve to establish the diagnosis of duodenal ulcer and gall-bladder irritability with adhesions. It cannot be



Plate 9.

stomach; the head of the barium column is at the head of the hepatic flexure and the cecum well packed. The examination immediately after the ingestion of the barium mixture shows a hypertonic stomach of slightly dilated type with its lower border about an inch below the iliac crests. The peristalsis is of the four-cycle type, tone good and the emptying power very rapid. Plate 10—There are no filling defects, incisurae or other abnormalities. The cap is

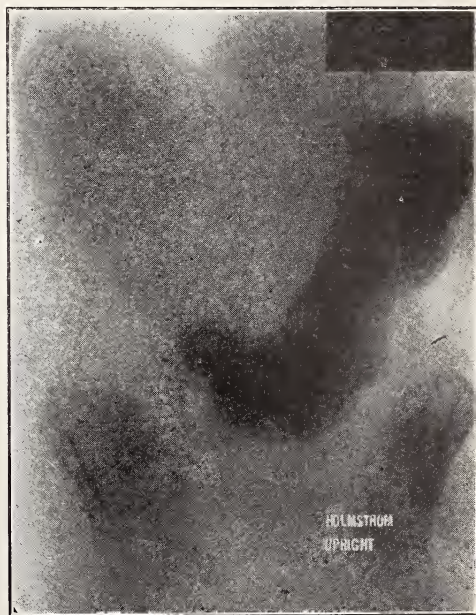


Plate 10.

entirely excluded that a pyloric lesion exists, but the preponderance of evidence is for duodenal involvement."

At operation through a supraumbilical incision, there was found a mass about the size of a hickory nut in the first portion of the duodenum, held down by firm adhesions. Previous experience had shown me the wisdom of non-interference with these adhesions, and I did a posterior gastro-jejunostomy. The man made an uninterrupted recovery, and on the sixteenth day was to be discharged. On the evening of that day while still in the hospital he went to the toilet and strained. He was heard groaning and found in collapse by the nurse. Shock was extreme and progressive and the patient died. Autopsy showed perfect result except at one point of about a half-inch where there was an active hemorrhage. Another such case might be saved by prompt interference on a chance.

The foregoing series illustrate the class of cases in which the skiagraph aids the surgeon in deciding what may be necessary to be done in a case where the lesion is single. The following series certainly demonstrates a class of cases where the existence of multi-

ple lesions makes it imperative that radiography be used to eliminate the possibility of overlooking one lesion at the operation, which one lesion may be *the* one in the composite which produces the symptoms in the ultimate analysis.

E. S., aged thirty-one, a Swedish housewife, came to me in August of last year for relief of the following symptom-complex. Pain in the epigastrium extending to the back, coming on two hours after eating, no vomiting now, much eructation of gas with dizziness; abdominal examination shows a rigid epigastrium and pain in the right iliac region. The clinical history was not definite. Was it a duodenal ulcer, or were we to follow Moynihan's dictum and seek the cause in the appendix? To operate under such circumstances, as medical and dietetic treatment was of no avail, and to do it without the full knowledge radiography would furnish, would mean either the overlooking of one or the other condition or much unnecessary manipulation to find the diagnosis in the belly. X-ray was suggested and accepted with these results.

Examination immediately after the ingestion of the barium-zoolak meal shows a stomach of the hypotonic type, the lower border being three inches below the iliac crests. The peristalsis is fair, the tone impaired, the emptying power slow. The cap is distorted. (Plate 11).



Plate 11.

Examination six hours after the meal shows a residue in the stomach and the first portion of the duodenum filled. The head

of the barium column is at the hepatic flexure. There is food in the ileum. (Plate 12).

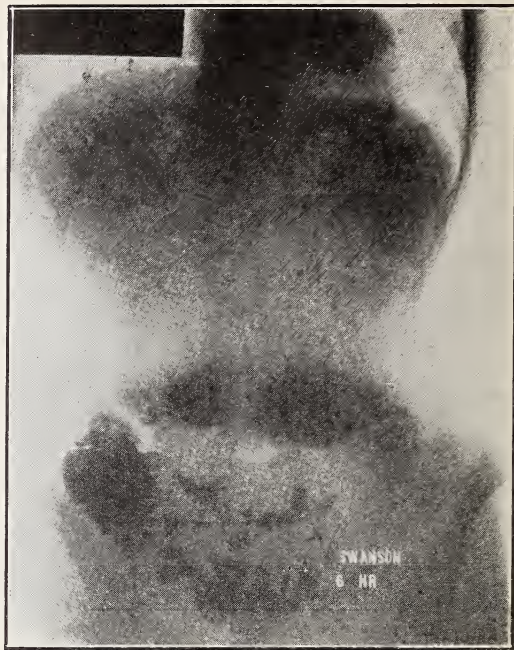


Plate 12.

Examination twenty-four hours after the meal shows the head of the barium column still at the hepatic flexure with a part of the descending colon only faintly outlined. There is still food in the terminal portion of the ileum. The examination of the colon by enema shows the entire colon filled with a return into the small intestine. The transverse colon is low, especially at the left. The ileocecal region is well outlined. The diagnosis—These findings serve to establish a diagnosis of enteroptosis; adhesions at the first portion of the duodenum, adhesion at the ileocecal region, probably involving the appendix area. Incompetency of the ileocecal valve and ideal stasis. Duodenal ulcer cannot be ruled out but the Roentgen findings are not definite in my opinion. (Plate 13).

At operation a marked dilatation of the cecum was verified and also an ileocecal valve that readily admitted three fingers. The appendix was bound down in the pelvis by numerous tough adhesions and was reported on by the pathologist as chronically inflamed; the serous coat of the cecum was tucked in so as to minimize the calibre of the cecum proper; the appendix was removed, and the ileo-cecal valve constricted and inverted according to Case's method. Then in the first portion of the duodenum there

was an old eschar due to duodenal ulcer and to overcome the irritation of this a posterior gastro-jejunostomy was done. The results justified the means. Perfect health was the reward after a moderately stormy convalescence.

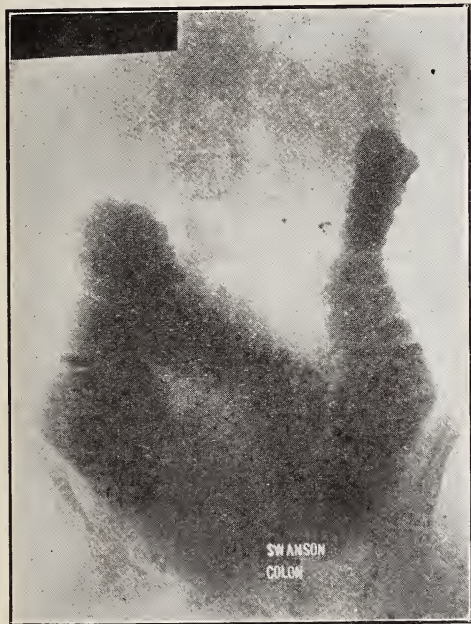


Plate 13.

To emphasize the point in this second group of cases I show you the next plate. J. W., seventeen years old, American mill-worker from Carlton Hill, N. J., has been under my care since childhood; came in April of last year complaining of pain in the left iliac region, worse at night, but constantly prevailing both day and night; much flatulence, especially directly after or within one-half hour after eating. Examination of the abdomen showed a defensive rigidity on the right side and pain with moderate pressure and no defensive rigidity, and no pain on deep pressure on the left side. Her stomach symptoms preponderated however, and to settle the question this plate was taken. Thus definitely localizing the lesion, an appendectomy and a modified Coffey operation restored her to good health. (Plate 14).

We have thus far spoken of those cases in which the radiography assisted the surgeon in his course of action in the line of active operative interference. I have here a few slides which show why interference was declined by the surgeon, so as to give longer life and to give the least amount of unnecessary distress.

L. W., a forty-seven year old German housewife, came to me after six months' medical treatment with the history of vomiting starting about one hour after eating with slight, almost negligible pain. The vomitus was only a sour water, no blood, no black vomit. She had lost a tremendous amount of weight. Palpation shows a large



Plate 14.

tumor in the region of the pylorus. Now its a fair rule usually that when such a tumor is palpable that operation is too late, but every rule has its exceptions, and when this poor patient hysterically demanded a chance I explained to her the advantage of radiography to settle the question of operability without operation, she eagerly assented. Plate 15 fixed the determination in my mind that operation was not only useless but cruel, and patient breathed her last in August, the condition progressing constantly to the last.

A similarly interesting case is shown in the following plate. Patient, a sixty-nine year old German merchant, had had a glycosuria for many years, when suddenly with no sugar present he gave following symptoms: With no preliminary gastric symptoms of any kind in December, 1916, he complained of sudden, severe pain in the epigastrium an hour before meals; excessive hunger pain relieved by the taking of any sort of food. With the pain there were eructations of gas often with a bad taste in the mouth. Even small meals gave him an immediate sense of fullness. Abdominal examination shows multiple small nodules

in the abdominal wall, a tenderness and rigidity of the recti, and an indefinite sense

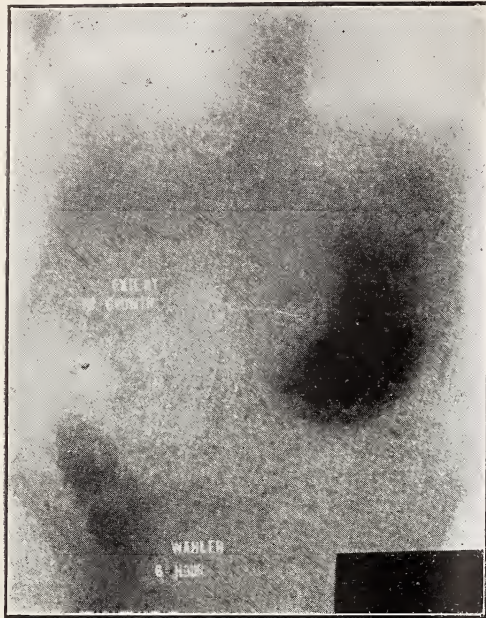


Plate 15.

of swelling in the epigastrium. He was given the choice of gastric diagnostic lavage or skiagraphy, and chose the latter. The six-hour plate and the twenty-four hour were practically negative, but the immediate plate (Plate 16) revealed a growth

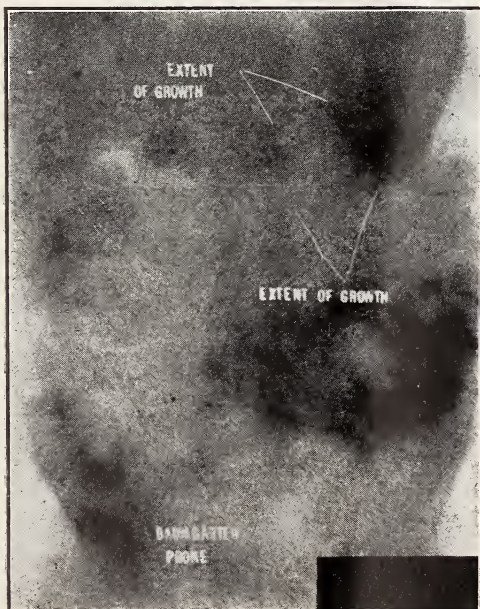


Plate 16.

so tremendous as to contraindicate all attempts at operation. The patient died with-

in one month. I would defy any surgeon to have made the diagnosis without the skiagraph. He appeared in the best of health otherwise, except for what might have well been explained by his glycosuria.

Now the interesting query comes up. Was not perhaps the glycosuria an expression of early pancreatic involvement to which the stomach was secondary and probably on the posterior wall where as we know lesions may remain symptomless for a long time.

By way of contrast I want to present the next case to you to point out the fact that based on Roentgen findings one may safely hold cases in abeyance if this for some reason or another becomes necessary. J. S., an American policeman, came for the relief of his third attack of hematemesis in twenty years, each of which was followed by improvement in his health. To determine the site and treatment of his case he was advised to have a radiographic study of his condition made. Examination immediately after the ingestion of the barium-zoolak meal shows a stomach of the orthotonic type, with fair peristalsis, good tone, and normal emptying power. (Plate 17). At the prepyloric region there appears to be a narrow canal-like constriction extending to the cap. The duodenum seems fixed in the subhepatic area. An expression of a definite opinion in this case is difficult. The canal-like constriction may be due to adhesions, but may also be caused by a mass from an ulcer at this point. The fact that there is no residue must be taken into consideration in the presence of such an apparent lesion. Adhesions are undoubtedly present and may cause all the symptoms clinically demonstrated. I believe in a case such as this an operation is indicated in order to prevent future complications. The percentage is in favor of an ulcer near the pylorus.

The recommendation was transmitted to the patient; he was willing, except for the fact that within a short time he becomes eligible for a pension, and, if safe he wanted to round his service out with a clear bill of health. I acquiesced as I felt that the skiagraph was almost a certain index of the present benignancy of the lesion and under supervision, the operation could well be deferred until later.

If you will bear with me a few minutes more, I should like to detail one more case before I bring this to a close. It may serve to teach you the valuable lesson it taught

me. If I had shown as much foresight as I evinced hindsight, it would have saved me much worry and chagrin and my patient money and pain.

E. A., a twenty-seven-year-old American housewife, when she came into my care six years ago. As to her previous history, she said that as a girl she was always well. Three years before she had a constant pain in the left side of pelvis; examination showed a pregnancy of three months. She passed through that and subsequent pregnancy without a hitch, shortly after developed an acute retroflexion of the uterus with severe pain in the right side of the pelvis, which gradually became so severe that after consulting another physician, she insisted on something being done to relieve her. In April, 1913, she had an amputation of the cervix, modified Gilliam operation and an appendectomy. She was in splendid condition for six months without ache or

painful right one and resected a part of the left one. She made an uninterrupted recovery and remained well until early this year, except for occasional pain in her back and right hip. In March of this year she complained of severe pain in the right ileo-inguinal region, so severe that she finally vomited and fainted. I was disgusted and to clear up the cause of this new setback, I now did what I might better have done in the very first place. Because on close questioning she told me that there was constant constipation, severe pain on defecation, pain in the epigastrium, starting even while eating, slight loss of weight, pain in the side when using the broom or sweeper I at last urged radiography, hoping it would clear up this anomalous condition. Imagine my chagrin when the radiographer reported that the gastro-intestinal tract was at no fault; but that the patient had a curvature of the spine and traumatic coxitis. For the picture shown on the left side revealed the normal rotundity of the head of the femur, and in the picture of the right hip (Plate 18) you see the typical flattening of

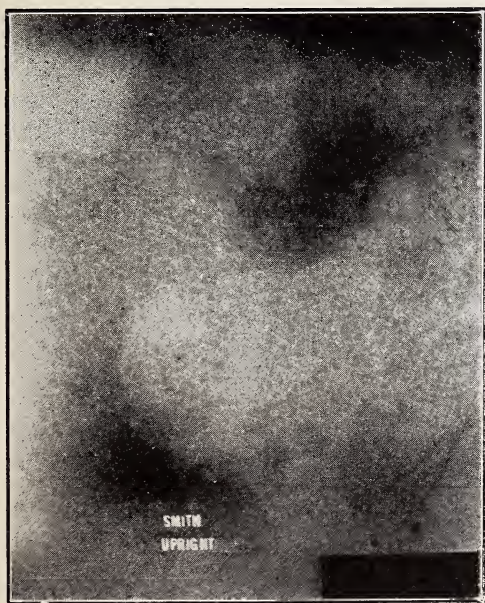


Plate 17.



Plate 18.

pain and gained in weight. She then became pregnant for the third time and had a normal labor. She remained well for a year when she again complained of pain in her right side. Examination showed a mass of egg-size in the right side of pelvis and the pain in this became so intense that she had suicidal notions, losing sleep, inability to eat or do her work properly and insisted on further operative interference. Median laparotomy through the old scar showed no adhesions from the former operation. Both ovaries were polycystic and I removed the

the head of the femur and the old fracture of the ischium. Now investigation disclosed a tilting of the pelvis, one-half inch shortening of the right leg, a lateral curvature and plenty orthopedic causes for all her right-sided pains; two other gynecologists were led astray in the same way. *Now* the patient admitted that when in the beginning she said she was always well, she had forgotten the very important point following. At the age of ten she fell from a hayloft astride some obstacle, which put her to bed for a week or more and when she got about

her right hip was quite pronouncedly protuberant and her mother would hit her there to make her stand straight. She is now under the care of an orthopedist and I hope will finally be cured of her right-sided pain.

In conclusion, let me say this. Perhaps the title of my paper was too broad; and should have been restricted to the help radiography offers the abdominal surgeon. However, it seems ridiculous to have to refer at this date to the help it furnishes the general surgeon in bone or head work, where even the layman expects its use and questions the validity of a clinical diagnosis unless corroborated by a skiagraph, so that I have omitted any reference to this phase of the subject intentionally. The lesson taught in this paper is broad enough to be food for long thought and will, I hope, encourage us all to use this means to make earlier and better diagnoses, or at least to turn suspicions into facts, thus aiding the patient as well as the surgeon.

I hope that I have not tired you by this lengthy recital. Again accept my thanks for your courtesies in the past, and as I step back into the ranks to join my distinguished predecessors there, I offer my felicitations to our new president into whose pre-eminently able hands I gladly and hopefully place the destinies of this Academy which, dear as it is to you and to me, will grow more so as the years go by. No matter what the future may bring, for the days are gloomy with portent just now, we must all, whether we go or stay, keep our lamp well trimmed and shining, for upon us devolves the duty to stand for humanity when passions rage unfettered and we must gather hope and strength to guard our science and its achievements for those who will follow in our footsteps, whether we stay or hear the reveille as the poet Untermeyer voices it.

"What sudden bugle calls us in the night,
And wakes us from the dream that we
had shaped,
Flinging us sharply up against a fight,
We thought we had escaped?"

"It is no easy waking, and we win
No final peace; our victories are few,
But still imperative forces pull us in
And sweep us somehow through.

"Summoned by a supreme and confident
power

That wakes our sleeping courage like a
blow,
We rise, half shaken, to the challenging
hour,
And answer it—and go...."

115 Beech Street, Arlington, N. J.

I wish to acknowledge with thanks the valuable services of Dr. E. S. Reissman, who prepared the plates from his radiograph.—A. A. S.

SOME GYNECOLOGICAL PROBLEMS MET IN GENERAL PRACTICE.*

BY GEORGE ERETY SHOEMAKER, M. D.,
F. A. C. S.,

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Consulting Surgeon, Woman's Hos-
pital, Philadelphia.

In coming before you at this time I bring with me an understanding of the desirability of presenting something which will, if possible, help in the daily work of the physician. The general public appears to be trying to find out for themselves just what sort of a specialist to consult; they go therefore to one and another of their own accord and often by this mistake they suffer in the words of the old proverb by falling between two stones. Well-trained physicians, if the public only knew it, are in a position to give all that is needed in most conditions, and they also are in the best position to know when temporary outside help is needed, and what is more important when it is *not* needed. They are also in the position (if the public trusts them) as so-called general practitioners, to give enormous assistance in keeping out of serious trouble by taking things in time.

A short discussion of a few situations which may confront anyone may be worthwhile.

(a) *Retroversion as a Cause of Abortion.*
—At the present day every physician is called upon to treat so many women who, for economic or other reasons, have decided not to have a large family that they are almost driven into the pessimistic attitude in regard to the cause, when a patient is seen aborting at the second or third month. There are, however, fortunately, many women who are anxious to bear this share of the world's work and who sincerely hope to have a threatened pregnancy continue, or to avoid a miscarriage in the future when one or more have occurred. One of the

*Read at the meeting of the Gloucester County Medical Society, March 15, 1917.

potent causes of abortion not always appreciated is retroversion and incarceration below the promontory of the sacrum in the early months of pregnancy, with the inevitable result if the condition is not discovered and remedied by the hands of the physician that the uterus empties itself because it can enlarge no further.

Some months ago there was brought to the writer's care by her physician a young woman who was suffering great abdominal pain, vomiting constantly, bleeding more or less, and presenting the ordinary breast and other signs of pregnancy with a history of three missed periods. There was a rise of temperature to 101, an increased leucocyte count, flushed face, anxious expression; in other words, she had apparently an "acute abdomen" as it is sometimes called, which not unnaturally her physician thought called for immediate relief by operation. Vaginal examination showed a soft closed cervix pressed forward and upward behind the pubic bone by a tense oedematous round mass filling the lower pelvis. It was not possible to discover above the pubis anything which might be a uterine body separated from the tense more or less resilient mass jammed in the lower pelvis. This and the smooth symmetry made me think it might be a swollen uterus almost upside down, caught under the promontory of the sacrum, and not a cyst, nor yet a hematocele from extrauterine pregnancy as was suggested. It was too tense for the latter. Though with some misgivings a double tenaculum was put in the cervix to draw it down from its high position behind the pubic bone. Two fingers were carried well back behind the mass and slow, gentle, steady pressure upward, backward and to one side was exerted for several minutes in the effort to rotate whatever might be there and deliver it upward out of the pelvis. Soon it began to yield and gradually was rolled upward, until the pelvis was empty behind, the cervix came well down in front and the fundus of a misshapen, oedematous, pregnant uterus rose into the abdomen. There was a tube adherent behind the uterus, but the mass rotated up and the woman was safe. No anaesthetic was used, only the hands and a tenaculum. The vomiting and the pain stopped immediately as did the bleeding. The fever went down rapidly, toxins must have been washed out by giving glucose and soda bicarbonate under the rectal drop method. The patient was kept in bed a few days and went home, carrying the baby still in her

uterus. *Diagnosis*—Incarcerated retroversion in pregnancy. Sapræmia.

One evening two patients were brought in, both with history of having aborted within the past day or so, but both bleeding and with fever, and therefore requiring to be cleaned out, which was done and they got well. But one of them was a young married woman, without any abnormality at all who could give no reason for her mishap. If she had given any it would probably have been given all the belief that it required. The condition would have been considered traumatic.

The other patient had had eight living children, her uterus was in complete retroversion; there was reason to believe her statement that she had done nothing, but that the uterus had failed to dislodge itself from the promontory and had emptied itself spontaneously. Of course this woman had done her full duty, but the illustration will serve.

The remedy is easy. All patients with retroversion should know that any pregnancy will require an early examination. Then by gentle and careful manual reposition the fundus is got forward. If big enough it will stay there. If not big enough a Smith Hodge pessary will support it for a month or so, but this must never be allowed to exert any pressure at all, and the uterus must first be well forward before the pessary is put in. The rule for a well-fitting pessary is that a finger will pass easily all around it.

(B) Is delay justified in extrauterine pregnancy which has been diagnosed?

For the past few years papers have been read from time to time advocating that in ruptured extrauterine pregnancy nothing should be done for weeks or more, and then if necessary abdominal section should follow. The result has been to unsettle the standards in the minds of those who rarely see such conditions, and they are left in a state of uncertainty which will cost some poor woman dear sometime.

I only want to say that I have worked and thought over the question for years. I have read the arguments advanced, but I stand more firmly convinced than ever the more I see and hear of the conditions and the more I know of my own results and those of others. The thing to do is to operate, and to do it just as soon as surroundings can be made reasonably safe. In a hospital if nearby, in her home if not. It takes but a few hours to be safe and they should all get well except the small num-

ber who are dead from hemorrhage before one can get to them. They don't die after operation. I do not dread them because I cannot feel the pulse when first seen; these come around all right. The ugly cases are those with great hematoceles infected by migration of organisms from the nearby intestine; toxic, with plastic lymph half an inch thick all over the thick blood clot, with a great cavity in the abdomen, its walls too rigid to collapse after being emptied, lymph and blood clot adhering inseparably to all the viscera. Quite a number of extrauterines if not operated on die from a renewal of hemorrhage while they are waiting for convalescence. It is only the usual routine for them to bleed again. Ask any of them and they will nearly always speak of one or two or three attacks, then the big one with which they collapsed. I will not take your time by narrating the many cases which I have operated on. I am sure there is but one thing to do, operate as soon as it can be done in a clean way. Not more than two per cent. should die.

(C) Is surgery rather than the x-ray or radium to be accepted as the standard method in the treatment of uterine fibroids?

If the fibroma of the uterus were as we used to think it, only a more or less bulky mass of fibro-muscular tissue with a tendency to bleed, and a tendency to get well about the menopause, the problem in the individual case would be more simple. Then we could argue that radiation by destroying the ovarian function and by producing some tumor shrinkage and by lessening hemorrhage more or less temporarily had a claim as a preferred method of treatment if it could safely and surely bring these things about. But even that is not proven.

Nothing is more harmless than a few fibroid nodules of small size, if one of them does not lie too close to the canal and produce bleeding. But let time go on and these nodules grow. Let the tumor become as large as a child's head and larger. How seldom when seen in actual practice is it any longer a simple fibroma and nothing else. If it were we could let it alone. But it is not. Tubal disease, ovarian degenerations, bowel adhesions, twists and partial obstructions, recurrent attacks of minor peritonitis, appendicitis associated with renal changes, fibrous, pressure symptoms on ureters and veins, dræmia from tight fitting growth which nip the uterus, necrosis and consequent toxæmia; bladder troubles; heart troubles, all the secondary consequences of anæmia are met with. Surgery if not too

late removes these complications, radiation does not. It is often not possible bimanually to determine what other elements than fibroma are present in a given tumor. Some weeks ago I operated on a woman past the menopause for a growing nodular tumor which had a number of hard irregularities. I called it fibroma, and it was, but not until it was dug out of the pelvis could anyone know that large hard tubes were buried behind it, tubes with walls a quarter inch thick, with pus in them long quiescent, but the sigmoid wall was going, cheesy pus invading the bowel which was almost perforated. I sewed adjacent epiploic appendages over the place, took out the tumor and she will be well for good, but who could tell that these complications were there and no rays could cure them. It is such tumors as that which become infected and kill. One rarely sees a big smooth fibroma of any considerable size which has no accessory degeneration. About ten days ago there was one and I remarked as it was coming out what a pleasure to see a nice typical, big fibroma once in a while with nothing else, but even that patient had a fibro-cyst on the round ligament as big as an apple. This winter I have reported a large fibroma, with a malignant papillary cyst of the ovary associated. Another hysterectomy proved to have about half the tumor, no longer fibroma, but changed into sarcoma.

In November I had a patient with a good sized fibroma, also undergoing sarcomatous degeneration, and she had prior to hysterectomy hydrothorax. I got twenty pints out of her chest at fourappings within five weeks before the hysterectomy. I have reported, Jour. Amer. Med. Ass'n, May 1915, a sarcoma as developing in a fibroma some five years after she was supposed to be cured by x-ray. I did hysterectomy then, but it was too late, it should have been done years before when she first bled badly. After I took out the growth she went back to work, but it recurred and in spite of Coley's fluid, more x-rays, etc., she finally died in a couple of years more or less. I do not want to take up your time with cases, but they illustrate the conclusion, that good-sized fibroids which are giving symptoms, especially in middle aged and older women, should not be temporized with, but removed with their complicating lesions, and removed before the latter get too far along. The actual mortality in hysterectomy in good hands is something like two per cent. If let alone, from six to seven per cent. of fibromas will have a malignant degeneration

associated. Surgery will prevent this, it probably comes too late for a final cure, after the malignant change has come. Surgery will prevent them because these degenerations are nearly all in the body of the uterus and not in the cervix. Early removal of the part carefully done cures cancer just beginning. Early removal of the diseased part before it becomes cancerous has a better chance still.

Another topic comes to mind about which much has been written and concerning which much experimental work has been done.

(D) THE TREATMENT OF SEPTIC ABORTION

Of course, such cases ought not to become septic, but they do. If the woman would take the matter as seriously as she does her confinement. If she would clean up, stay in bed equally long, wear sterile dressings, have no curetting and no instrumentation, she would not become septic; but she often will not do these things. The effort to get about as usual and perhaps hide the facts is responsible very often for bad results and the harm is done before her physician is consulted. Suppose she comes to him with a history of missed periods, nausea, etc., then bleeding for several days with or without her having passed the product. Then a chill, then fever, tympany, nausea, etc. She comes to the physician finally, what shall he do. First get counsel and report to the local authorities if of criminal type. In our hospital the working rule is to notify the coroner's office if a sick patient's condition is known to be the result of criminality. This is too big a burden to carry alone. In the average case it is a comfort to feel that the condition is one of sapræmia in all probability, due to absorption of decomposition products and not to true bacterial invasion. Some men say let them alone, they will deliver themselves. If the patient is a stranger and the previous occurrences are not personally known, I do not care to trust that there is nothing inside. Two signals guide me as to the necessity for a finger cleanout. One is fever, the other is continuing hemorrhage after the supposed expulsion. It will do less harm than would follow the retention of decomposing material, therefore, I make a formal business of a cleanout at once. This is a better name than curretment for that procedure has no place here. It usually requires ether to secure thoroughness in detail. Close clipping with scissors, thorough clean-up of the whole general neighborhood with soap, water and an antiseptic, and a

good clean-up of the outside passage. Here is where I believe the technique falls down in general practice. If it is not considered necessary to anæsthetize, that means shrinking and lack of relaxation. It also interferes with the proper cleansing. Tie up the knees with a sheet made into a rope. Have, if not a table, at least an ironing board under the mattress so that the edge of the bed is level and firm. Arrange a drainage pad, or a bit of oilcloth so that water can be freely used as a flush and will run into a basin on the floor. A drainage pad can be improvised by placing a long, tight roll of muslin under one end of the oilcloth or rubber and rolling it in a little way. These details sound trivial, but they make for thoroughness in the final clean out. Arrange bag for flushing and with everything in position put on the left-hand glove or finally cleanse the hand. The curette proper has no place here and should never, never, *never* under any circumstance be used. It is never used in good hands. Usually steel dilators are not needed or should be very gently used, the finger is the chief instrument, patience and pressing down the fundus with the other hand will make possible a clearing out of all clots and placental remains. A flush of the cavity of the uterus with hot boiled water is followed by passing a small cotton swab wet with plain tincture of iodine to the fundus. Use no pack or drain. Apply sterile pad and teach the caretaker how to bake and handle pads if they must be improvised.

In bad cases wash out the toxins through the kidneys by the rectal drop method. I believe that the solution of glucose and soda bicarb 3 per cent. is better than salt solution. A little glass attachment called a drip to set into the tubing of the rubber douche bag can now be had for a few cents. This makes it possible, to adjust the flow with a small screw clamp, 60 drops to the minute, two hours off, two hours on. If these details are really carried out and no injury to the inside of the uterus is done and no unclean finger goes in, the patient does surprisingly well. Rarely is it necessary to do any major operative surgery. If pus actually forms it must be drained by the vagina, that is extraperitoneally. Infinite patience and plenty of time. Good food, semi-reclining position, stimulants if required.

A word as to serum treatment and bacterins. I should like theoretically to use them in puerperal sepsis. Practically, it is rare that one can isolate an organism from the blood and show a bacteræmia. This is the

only way to get the individual germ that is causing the trouble. Vaginal and uterine smears are too mixed and will not give a clue to the offending organism. Streptococci, if present, run in many strains. I do not like to interfere with the wonderfully effective and elaborate biological process which nature is carrying out unless I know exactly what I am doing. The way to find this out surely has not yet been shown us in the field we have been discussing. Vaccines and bacterins help more in chronic than in acute processes anyway. I use them in other parts of the body where I can isolate the offending organism, but seldom in the acute puerperal poisoning. Fortunately, the patients almost always get well. Bad cases occur, they go from bad to worse. Look for points of pus collection. Extra-peritoneal drainage is always to be preferred to opening the general abdominal cavity. Hysterectomy, and also cutting out infected veins, were proposed, but are now known to be a failure in the acute stages.

One other matter to which both the public and some members of the profession are not sufficiently alive. Here is a specimen removed a few days ago from a patient of 55 years. It shows cancer, but the disease is entirely confined to the upper part of the uterine cavity and nothing could be seen on vaginal examination. But she had bled; more than that she began to bleed again at least three years after having a definite menopause. That almost invariably means cancer. The excuse of possible fibrosis, or some form of hyperplastic endometritis, or polypus or delayed menopause, should never deceive. A uterus with that history should come out. Why go into these details when you are all familiar with them? Because they are neglected and the cases still come into our hospitals in bad shape from preventable causes.

1831 Chestnut street.

GALL BLADDER INFECTIONS*

BY FRANK M. DONOHUE, M. D.,
New Brunswick, N. J.

Gall bladder infections have only been very recently known and talked about. Twenty-five years ago all that was known of gall bladder diseases was that the gall bladder occasionally contained gall stones; that these gall stones passed from the gall

bladder to the duodenum; that during the passage of the stones severe colic was experienced, that the attack lasted from twenty-four to thirty-six hours; that it was always followed by jaundice, and the disease rarely proved fatal. In fact at the time that I studied medicine, the differential diagnostic point between gall stone and other colics was jaundice. If jaundice followed the attack it was gall stone colic. If not, it was something else. Within the past ten or twelve years a deeper study has been made of gall bladder diseases, due principally to the work of Rosenow. We are now in possession of a great deal of knowledge of gall bladder infections, and a decidedly more accurate knowledge. We now know that all gall bladder diseases are infections by a micro-organism and that gall stone formation is the result of gall bladder infection, and not as was formally supposed, the gall stones were the cause of the gall bladder inflammation.

In the beautiful experiments of Rosenow, he infected the gall bladder of the guinea pig with the streptococcus, and then studied the effects of this infection up to the actual development of gall stones in the gall bladder. He showed the droplet of mucus which was secreted by the infected gall bladder with the streptococcus in the droplet, and then traced day by day the infection up to the time of gall stone formation. So convincing have his statements become that I do not believe there is anyone who now doubts the manner in which gall stones are formed. How do these infections occur in man? We know there are four ways by which the gall bladder may become infected.

First: By infection, extending up through the common bile duct from the duodenum, through the cystic duct into the mucous membrane of the gall bladder.

Second: By infection from other adjacent organs, extending to the gall bladder and causing adhesion, peritoneal infections.

Third: Through the lymphatic system as from the appendix.

Fourth: Through the blood stream.

Let us take up these different ways of infection of the gall bladder and study them seriatim. We know that the intestine abounds in all kinds of germs. The pus-producing, as well as the non-purulent ones, and it does not require much thought to readily understand how the gall bladder may become infected from these germs extending up through the common and cystic ducts to the gall bladder. Second, infection from adjacent organs; that is duodenal and

*Read before the Section on Surgery, Academy of Medicine of Northern New Jersey, March 27, 1917.

gastric ulcer causing local peritonitis, extension of the process—the gall bladder causing pericholecystitis and adhesions. Third, through the lymphatics. We do not know that the same chain of lymphatics which drains the liver and gall bladder region goes down and drains the appendical region, so that any chronic infection from the appendix is very apt to infect also the gall bladder. In fact I have proven it many times in my hospital work. It is the rule there with me when operating for gall bladder diseases to go down and pull up the appendix and invariably I find it affected with chronic appendical disease. This has been a source of great interest to me during the past ten years. In fact quite a hobby, so that my assistants with a smile will say after I have performed a gall bladder operation "How about the appendix?"

It has been rather difficult for me to decide whether the appendical infection or the gall bladder infection was first in existence, but that there is very close relationship between gall bladder infection and chronic appendical infection, I am entirely satisfied. In my gall bladder work I have found the appendix the seat of infection in at least 80% of the cases. I will relate a case which occurred to me a few months ago.

A young man about thirty years of age consulted me about one and a half years ago, giving me a history of recurrent attacks of pain in the abdomen for about two years. He had so-called dyspepsia, eructations, flatulence and constipation. Examination of the abdomen showed a good deal of tenderness over the appendical site, no tenderness over the gall bladder and none in any other part of the abdomen. I made a diagnosis of chronic appendicitis and advised an operation. He declined operation and I lost track of him. About two months ago he came to my office again and said that he was still suffering. He had been to consult a physician in New York City who had treated him by electricity for several months, but his sufferings were increasing and he wished me to examine him again. He still had tenderness over the appendix, plus exquisite tenderness over the gall bladder. I said to him "You still have your chronic appendix, and with it now you also have a gall bladder infection, and in my judgment it is now imperative that you should have something done surgically." He readily assented. On section I found the gall bladder badly infected, and containing stones, and after removing this organ I pulled up the cecum and found, as I had expected to find, his appen-

dix adherent, curled up, and all the evidences of a pachy appendicitis.

This one case alone would not prove the relationship between chronic appendical infection and gall bladder diseases, but it is only one of a large number which I have studied and which convinces me of the very positive connection between these two conditions. These infections travel by way of the lymphatics. I am not satisfied as yet as to which organ was first infected, although the case related goes far, in my mind, towards proving that the appendix in this case was the first organ and the gall bladder, the second to take part in the infection. It matters very little whether the infection travels up or down, whether the gall bladder is the first or the appendix is the first in the process. What I wish to call attention to is the intimate relation that exists between chronic appendical infection and chronic gall bladder infection.

Fourth: Infection through the blood stream. These infections of the gall bladder are not so common as the others, although all of us have seen cases where we believe that the infection came through the blood stream. That new disease, pyorrhœa-alveolaris is one which is very prone to infect the blood, the germs being carried to the gall bladder and appendix, and, indeed, to all the organs of the body, can and do infect these organs, and cause all the symptoms which we recognize as pertaining to gall bladder and appendix. I have had some very interesting experiences with this new form of infection, but their citation would lead me too far away from my subject to discuss them with you.

Symptoms: The symptoms of gall bladder infection are so well known to you all that it does not seem worth the time to discuss them. In making a diagnosis, I find myself relying more and more on the history of the disease than on any other one point. The usual history of gas eructations, vomiting occasionally, some pain on the right side, reflected to the shoulder blade and up to the shoulder, will be sufficient to attract your attention to the gall bladder region. The pain has no relation to the ingestion of food. It may come on at any time, and it may be present all the time. We do know that the pain from gastric or duodenal ulcer comes on usually in two hours after eating in the case of gastric ulcer, and in about four hours in the case of duodenal ulcer. These pains are often relieved by vomiting, by sodium bicarbonate, but the pain of gall bladder infection is almost constant, and in

the case of vomiting no relief at all is afforded. Of course, in frank attacks of gall stone colic the pain may come on at any time, and is severe and easily recognized. All the symptoms referable to the stomach are reflexes from the diseased gall bladder, and consequently the eructation of food and gas are almost constant. These are the cases that go on for years, the patient going from one physician to another and being treated for dyspepsia with all manner of drugs, without obtaining any permanent relief, until finally they come to the condition of pus in the gall bladder and surgery gives them the relief which they have been seeking for years.

There is no such disease as dyspepsia. The stomach has only two diseases—ulcer and cancer. All the other disorders of the stomach are reflex disorders from the gall bladder, from loose kidneys, from the appendix, and in the female from the organs of the pelvis, and insults to the stomach from over-eating, from the use of alcohol and from excessive use of tobacco. Jaundice is by no means a constant symptom of gall bladder disease. When it occurs as a symptom it is only confirmatory of a disease which we had already suspected. Cholecystitis and even gall stones may exist in the gall bladder without jaundice. If jaundice occurs after colic referred to the right side radiating to the shoulder blade, and up to the right shoulder, you may be reasonably certain that your patient has had a gall stone attack, but if it is absent it does not prove that your patient is not suffering from gall bladder disease. It is only when there is a blockage of the common duct that jaundice appears as a constant symptom of gall bladder disease; the common duct being blocked all the bile secreted by the liver, not having an outlet through the common duct, is absorbed into the general circulation and jaundice results.

Diagnosis: After having obtained the history of the disease an examination of the abdomen should take place. Inspection in many cases reveals nothing. Where you have a distended gall bladder, through abdominal walls, a rounded tumor presents itself, but in by far the majority of cases this will not occur. Palpation of the upper zone of the abdomen reveals tenderness over the gall bladder and common duct. If a line is drawn from the nipple to the umbilicus where this line crosses the free border of the ribs is the position of the gall bladder and common duct. Pressure at this point will elicit tenderness. By press-

ing the thumb of the left hand at the free border of the ribs, the rest of the hand being laid on the ribs, pointing to the axilla, ask the patient to take a deep inspiration. By making deep pressure, while the inspiration is in progress, it will be promptly checked, as soon as the sensitive gall bladder is forced down against the thumb making pressure. This is the method referred to by the late Dr. Murphy of Chicago, and I have seen it exemplified in many instances.

The X-rays: I have not been fortunate enough to have received much help from the x-ray in my gall bladder work. Many cases have been subjected to x-ray examination, after I had made up my mind as to the existence of gall bladder disease, and they have proved to be of no avail in the majority of instances, and while I do not wish to decry the benefits which might be obtained from an x-ray examination, I do believe if the x-ray examination shows a positive shadow it would only confirm what you already knew to be in existence.

I have had some little difficulty in making a differential diagnosis between duodenal ulcer and gall bladder disease in some of my patients on account of the point of tenderness being somewhat to the left of the usual location of gall bladder, and it is right here that you will derive a great deal of help from the history. You will find in gall bladder disease that there is no connection between the pain, eructation of food and gas and the ingestion of food, and after a careful study of these symptoms and the history you will rarely fail to make a correct diagnosis.

Treatment: The treatment of these infections is surgical. Once gall bladder infection, always a gall bladder infection. These are conclusions which I have arrived at, after having studied a large number of cases. I expect many of you will differ with me entirely, and I hope in the discussion a full expression of opinion may be given, so that I too may learn something. When the gall bladder is the seat of chronic infection, with or without stones, we have no more right to leave this organ in the abdomen than we have to leave an appendix in the abdomen, which is the seat of chronic infection. For sooner or later you will have a catastrophe in the one case as well as the other. A patient may go for many months, in some cases many years, without much distress, but a time will come, whether it be due to some fresh infection getting into the gall bladder, or to a lighting up of the old infection, you will have a condition brought

about which will bring the patient pretty close to the grave, unless something radical be done to avert it. If the patient has good organs and a good circulatory apparatus and not too high a blood pressure, it is best to give that patient a chance for life by operating than to further postpone it.

I have no faith in the power of drugs to cure gall bladder infection. We have heard wonderful tales of the efficiency of some particular drug in the treatment of these diseases, but in analyzing these cases, I found that they never had had the disease, or that they simply were approaching a quiescent period to which all of these patients are liable, and for which they gave credit to the last drug which had been taken.

When I first began to operate for these infections, cholecystostomy and drainage of the gall bladder was about the only procedure adopted, but in common with many surgeons, I found many of the patients returning with many of the old symptoms, from reinfection of the gall bladder, with all of its attendant sequences. I then began to remove gall bladders and since that time I invariably remove all gall bladders, which are the seat of infection. At first I was constantly looking for gall bladders which in my judgment ought to be drained, and as a result all of my gall bladder cases were drained. Now I am constantly looking for gall bladders which ought to be removed, and since that time my results have been so much better, my patients make so much better convalescence that I do not believe I shall ever go back to my first procedure.

Take a case of chronic infective cholecystitis with stones, a gall bladder is open, bile escapes, stones removed, and the gall bladder inspected. In a large majority of cases, the walls of the gall bladder will be found thickened and the mucous membrane presenting the typical strawberry character, so well described by the Mayos. If you drain such a gall bladder you will probably only relieve your patient, not cure the disease. Drainage has not the power to cure such condition. A complete removal of the gall bladder is the only procedure which is certain to cure permanently a completely diseased gall bladder. Of course in pancreatic disease you cannot remove the gall bladder, for in this condition drainage of the gall bladder is essential to the cure of the disease. After a thorough palpation of the common cystic and hepatic ducts and making certain that they contain no stones, the liver is pulled down and rolled up on the free border of the ribs, a clamp is applied

to the cystic duct, and about one-half inch below it a catgut string tied on the cystic duct. The cystic duct is severed between the clamp and the ligature, the cystic artery is then tied with a separate ligature, and the gall bladder removed with its content of stone without opening it, thus never soiling the peritoneum with bile which has its advantages. The abdomen is then closed with a gauze drain leading down to the stump of the cystic duct. Of course there are cases in which this procedure cannot be carried out, where the liver cannot be drawn down, and in these cases the work must be done from above downward. These patients make a very smooth recovery. There is no unpleasant drainage for from ten to fourteen days, and the after history is all that can be desired.

County Medical Societies' Reports

CAPE MAY COUNTY.

Eugene Way, M. D., Reporter.

The quarterly meeting of the Cape May County Medical Society was held at the Winter Yacht Club, Ocean City, April 17th, 1917. Members present: Mayhew, Corson, Dix, Douglass, Knowles, Scott, Haines, E. Way, Tomlin, Draper, Marshall, Marcy, Hughes and Pettit. Dr. Darnall of Atlantic City and Dr. Beardsley of Philadelphia were also present.

Dr. Edward J. G. Beardsley gave a thrilling and instructive address on "Routine in the Practice of Medicine." Discussion was opened by Dr. W. E. Darnall, who spoke eloquently and indosed fully all that Dr. Beardsley had said.

The president then called upon every member present and all responded, expressing themselves as being greatly pleased and benefited by the address. Announcement was made that one of the society's former presidents, Dr. C. W. Way, was now in Paris for a term of service in the American Ambulance Hospital.

Voted that the next meeting be held at Cape May Court House.

ESSEX COUNTY.

Richard J. Brown, M. D., Reporter.

The meeting of the Academy of Medicine, Section of Obstetrics and Gynecology was held at Board of Health rooms, Newark, April 24, 1917. Dr. Asa B. Davis of New York read the paper on "Induction of Labor." He stated that an active case of tuberculosis made abortion and sterilization justifiable. In cases of hypermias his treatment consisted of keeping the patient in bed all the time, stopping everything by mouth, feeding by rectum, washing the rectum with salt or sugar solutions, and then giving nutrient enemata. Irritability of the rectum was allayed with 5 or 10 drops of tinct. opii. The feeding by mouth was then started and increased as cautiously and rapidly as possible, meanwhile omitting the rectal feedings gradually. In cases of eclampsia

where they do not respond twenty-four hours after emptying the uterus, they usually die.

Induction of premature labor he advocates in cases: 1. Where children are habitually large, but thinks Caesarian section may also be indicated; 2, where the child habitually dies, especially in syphilis; 3, where the fetus is dead; 4, placenta previa or accidental hemorrhage, where he believed manual dilatation was dangerous because of much laceration leading to rupture of the uterus, believing Voorhees bags to be best; 5, hydramnion and hydatid mole.

His method of inducing labor consisted of packing above the internal os with gauze, and then packing the vagina, giving a dumb bell effect to the plug, or using Voorhees bags, or a soft bougie. Discussion was opened by Drs. E. J. Ill and A. A. Strasser, also Drs. Morrison, Bunting and Sutphen.

The Essex County Medical Society met April 26 at the Board of Health Rooms, Newark. Capt. Tasker of the U. S. Army addressed the meeting. He pointed out that methods of war showed great evolution, and that strength and bravery did not make the inevitable victors, but where the best artillery and range-finders and sanitation prevail. First aid, rapid transportation and emergency treatment were big factors. The line officers know and realize the importance and pressing need of sanitation and the succor of the wounded. In regard to the civilian population, they cannot shift for themselves and the morbidity becomes a menace to efficiency. One method of service is with a double personnel, where one-half of the doctors go first for service for six months, and then come home, and the second half go for six months' service. The army doctors are given instruction in practically all branches of medicine in the Army Medical School, and the doctor in service is at first likened to a general practitioner, but as he advances in grades, he really begins to specialize. The first lieutenant gets \$2,000 a year, his quarters, much of his furniture, and seven cents a mile transportation. The salary is increased until it has increased 40 per cent. in twenty years. His textbooks and instruments are also furnished, so that his perquisites are about equivalent to his salary. A colonel's salary is considered equivalent to \$10,000 to \$12,000. There is also a retirement and insurance feature. A captain is rated at about \$6,000 to \$7,000 per year.

He showed that the control of yellow fever, the efficiency of typhoid vaccine, much about malaria, cholera, plague, dysentery, have been given to the medical profession by army medical officers. He stated that war was not hankered after by any officers, as some may suppose, that they might be promoted, because they realize it subverts the intellect, and very often leads to brutality. He stated that the United States must prepare for resistance of aggression by neighbors, because we have accumulated a lot of the world's gold, and the other nations want it.

Dr. W. G. Schauffler, colonel of the National Guard, stated that men in the National Guard got no pay except when in service. He stated that county societies had been asked to take some action so that the families of doctors in service would receive anywhere from 30 to 60 per cent. of the fees earned from their patients.

He said that the officers must learn administrative work, they must learn sanitation, and spend some time, thought and care in their preparation for work. They must be 22 to 35 years of age, and be practitioners in the State.

Lieutenant Taylor, U. S. Navy, outlined a description of service in the navy.

Dr. Kraker of the Medical Reserve Corps, which is a relay to the corps of the army, declared that the government was dependent on it for its medical organization.

Dr. T. N. Gray moved that a committee of three be appointed by the chair to express the attitude of the men who stay at home in regard to practices of doctors who are in the United States service. Dr. T. W. Harvey of Orange was appointed chairman of the committee.

The Academy of Medicine, Section on Medicine, met Tuesday, April 10. Paper was read by Dr. Edward D. Fisher, professor of nervous and mental diseases, University and Bellevue Hospital Medical College on "Senile Epilepsy." Discussion by Dr. Christopher Beling and Dr. Wm. H. Hicks followed.

The Essex County Anatomical and Pathological Society met at the Board of Health Auditorium, April 12th.

Demonstration of specimens and cases: Tumors of Breast, Dr. E. J. Ill; Chondro-endothelioma of Neck, Dr. J. L. Fewsmith; Suppurative meningitis, Dr. A. Bogert; lobar pneumonia with symptoms of relapsing fever, Dr. J. F. Hagerty; chronic malaria of spleen, Dr. A. A. Strasser; adeno-carcinoma of ovary, Dr. O'Neil; pathology described by Dr. Gray.

Short talks on "Pathological Lesions and Demonstration of Autopsy Material by Pathological Staff, City Hospital," Dr. H. S. Martland, director.

The Academy of Medicine stated meeting was held April 18, 1917. Paper by Dr. Ellsworth Eliot, professor of clinical surgery, College of Physicians and Surgeons, New York, on "General Considerations of the Surgery of the Gall Bladder and Benign Stricture of the Common and Hepatic Duct."

Dr. E. J. Ill offered resolutions as follows:

In consideration of the fact that many of the Fellows of the Academy may be called upon to serve the country and thus lose the regular source of their income;

Therefore, be it resolved:

1st, That the Academy do all it can to further the interests of such Fellows and their families.

2nd, That this may be accomplished a committee consisting of the trustees of the Academy be appointed who shall have charge of the proper conduct of the recommendation of the Academy.

3rd, That the Fellows called present to this committee the names and addresses of the families by whom they are regularly employed.

4th, That the Fellows called accompany such list with the names of Fellows not called and to whom these families have been recommended for medical attention.

5th, The Academy recommends that Fellows called will advise their regular families of this arrangement.

6th, That such Fellows to whom patients are recommended keep an exact account of their work done for such families and hand over

such account at regular intervals to the absent Fellows or his family or his representative for collection. That any cash collected thus be also handed over as above stated.

7th, That the list of the families of the various called Fellows be kept strictly confidential by the committee for further reference and information, and for such adjustments as the committee may be called upon to make.

8th, That we earnestly recommend a co-operation of the Fellows of this Academy and of the profession generally in this matter.

9th, That these resolutions be brought to the notice of all the practitioners of the medicine of northern New Jersey.

10th, That the trustees be empowered to change these resolutions as circumstances may dictate.

Upon motion the same were adopted.

HUDSON COUNTY.

Charles H. Finke, M. D., Secretary.

The eighth and last regular meeting of the Hudson County Medical Society of the season was held at the Carteret Club Tuesday evening, May 1, 1917, Dr. H. J. Bogardus, president, in the chair.

On motion the president appointed a committee of three—Drs. H. H. Brinkerhoff, G. E. McLaughlin and T. R. Chambers, to nominate annual delegates to the State Society.

On motion, \$50 was voted to the Carteret Club for courtesies extended in allowing the society to hold meetings in said club house.

The following resolution was offered by Dr. Niemeyer and adopted:

Resolved, That the Hudson County Medical Society recognizes the patriotism of those members of the society who volunteer their services to the U. S. Government, and in appreciation of it, we recommend that if these members of the society are called into active service, the doctors who shall attend their patients should turn over one-half the fees collected from such patients to the physician in active service or to his family.

Dr. G. K. Dickinson offered the following resolution which was adopted:

Resolved, That the members of this society who are called to the front be made members of the Society for the Relief of the Widows and Orphans of Medical Men of New Jersey, and further that their dues be paid by this society during their time of service with the U. S. Government.

Bills for printing were presented and ordered paid.

Dr. Emil W. Schurman of 710 Ocean avenue, having been endorsed by the censors, was elected to membership.

Dr. J. H. Rosenkrans of Hoboken exhibited a patient who had lost a part of the lower third of the ulna in an accident, but still possesses a fairly serviceable arm; he also exhibited a radiograph of the same.

The committee appointed to nominate annual delegates to the State Society presented the following names:

Drs. C. B. Kelly, Donald Miner, William Freile, J. Eugenia Jacques of Jersey City; Drs. W. W. Riha and W. Homer Axford of Bayonne; Dr. G. F. Sullivan of Hoboken; Dr.

L. W. Brandenburg of Secaucus, and Dr. W. J. Sweeney of Union Hill.

They were unanimously elected.

Dr. Jacob Braun of New York City read the paper of the evening on "Bloodless Tonsillectomy with a New Instrument—the Snare-tome."

The discussion of the paper was participated in by most of the members present.

MERCER COUNTY.

Enoch Blackwell, M. D., Reporter.

The regular monthly meeting of the Mercer County Medical Society was held May 1st in the District Court Room, Municipal Building—the president, Dr. E. B. Funkhouser, in the chair.

Dr. A. G. Ellis of Philadelphia addressed the society on "The Laboratory as an Aid to General Diagnosis." In the course of his address he brought out the fact that no hospital in Pennsylvania was recognized by the State Board which had not a well-equipped laboratory patronized by the physicians and said it was a hard matter in some hospitals to get the physician in the way of utilizing the laboratory when it was well equipped. He mentioned one instance where the board refused to recognize its internes because none of the hospital staff made any use of the laboratory. In New Jersey the hospitals are rapidly approaching this standard. Dr. Ellis also spoke of the importance of the doctor and laboratory man working together to get best results. In his opinion most of the future advances would be made along the lines of chemistry.

Dr. R. B. Fitz Randolph of the State Laboratory agreed with Dr. Ellis and gave an interesting and instructive talk on "How the State Laboratory can assist the Physician and Dentist." He spoke of what was being done in his department and how the doctor and dentist could best make use of the laboratory. He said the work of the board is rapidly outgrowing its present quarters, and if the advance is to continue they must have larger quarters, and suggested that the physicians make a concerted effort to secure the needed room.

Drs. Parker, Cotton, Sommer, Barrows and Costill discussed the papers. Drs. Simpson of Titurville, Higgins, Potts, Schildkrant, Jaspan and Haggerty were reported favorably and elected members of the society.

It was on motion decided to let the matter of contract practice go over until the October meeting and that the president appoint a committee to confer on the matter in the meantime.

Dr. H. R. North moved, and it was carried, that a committee of five be appointed to consider the advisability of incorporating the society, and Drs. Bellis, North, Parker, Madden and Costill were appointed said committee.

OCEAN COUNTY.

William G. Schaffler, M. D., Secretary.

The spring meeting of the Ocean County Medical Society took place on April 27th, at 4 P. M. at the house of Dr. Schaffler, Lakewood, New Jersey. This meeting was called earlier than usual, at the request of Dr. G. K.

Dickinson, chairman for New Jersey of the General Medical Board of the Council of National Defense. Ten of the fifteen members of the county society were present. Routine business included the election to membership of Dr. Harold Ball Disbrow, who has recently taken up practice in Lakewood.

It had been expected that a representative of the Medical Officers' Reserve Corps, U. S. A., would be present to address the meeting, but none appearing, Lieutenant Colonel W. G. Schauffler, surgeon general of the State, presented the cause of the Medical Officers' Reserve Corps, explaining the need for medical officers in active service as well as in the Reserve Corps.

Dr. Eugene G. Herbener, who had been appointed chairman of the committee for Ocean County, reported that he had appointed the other members of his committee as follows: Drs. E. S. Carrigan, Point Pleasant; I. H. Hance, Lakewood; R. R. Jones, Toms River, and George W. Lawrence, Lakewood. The question was presented to the society of the duty of its members toward those who might be called into active service, and the following resolution was passed:

Resolved, That the members of the Ocean County Medical Society pledge themselves to attend to the practice of any member who may be called into the active military service of the Government, during his absence; and that a committee, consisting of the president, secretary and treasurer, be given power to arrange for the division of fees received from patients under these circumstances. It was suggested that fifty per cent. of the fees received be turned over to the absent member. After remarks by different members, the meeting adjourned.

SUSSEX COUNTY.

H. D. Van Gaasbeek, M. D., Reporter.

The regular spring meeting of the Sussex County Medical Society was held at the Cochran House, April 24, 1917, Dr. C. M. Dunning, president, in the chair.

After the transaction of routine business, a discussion took place on medical defense, all the members present—15 in all—signified their intention of joining the Medical Service Corps. The following committee was appointed to act in conjunction with the State committee: Drs. Blase Cole, chairman; E. P. Wilbur, secretary; Thomas R. Pooley Jr., Laurence Pellet and H. J. Harp.

Several members of the society have already taken their examinations and received their commissions. Every member of the society, except those who are out by age limitation, have decided to join the Medical Reserve Corps, and take examination as soon as notified.

This report is rather meager as your reporter was confined to his home by illness at the time of the meeting.

UNION COUNTY.

Russell A. Shirreffs, M. D., Reporter.

A special meeting of the Union County Medical Society was held at the Elizabeth General Hospital May 2, 1917, to receive representatives from the Medical Officers' Reserve Corps, U. S. A., who made recruiting addresses. About 45

members were present. The speakers were Captain D. A. Kraker, M. D., of Newark, and Lieutenant J. McDonald, M. D., of East Orange. They told of the organization of the Reserve Corps in 1908, and its growth and progress since then. Of the 130,000 medical men in the United States, it has been estimated that only 100,000 are in active practice. 10,000 doctors are needed to examine recruits, and if troops are sent to France, probably 20,000 physicians will be required. So it is probable that at least one doctor out of every five in this country will be called upon for government service. It has been the observation of the recruiting authorities that prominent physicians past middle age, with lucrative practices, have seemed more willing to volunteer their services, than the younger men. An especial appeal to the latter was made. The minimum pay \$2,000 per year with the rank of lieutenant, and to those who enlist now the chances for promotion are excellent. At the close of the meeting, seven members expressed their willingness to offer their services immediately, and many others first desired a little more time to consider the matter.

President Runnells appointed a committee of three to formulate plans to protect the interests of those who enlist in the Medical Reserve Corps. This committee later offered the following resolutions, which were unanimously carried: Resolved, That it is the sense of the Union County Medical Society that the practices of those members who shall be called to the military service of the United States, shall be cared for by those remaining at home upon the following basis: 1st, 50 per cent. of all sums collected shall be turned over to such person or persons as may be designated. 2nd, it shall be the duty of each physician to relinquish to the doctor when he returns, all of his practice that he may have had personal contact with.

The death of Dr. William Gale of Westfield, a charter member of the society, was announced, and Drs. Kinch, Harrison and Bailey were appointed a committee to take suitable action thereon.

The following were proposed for membership in the society: Drs. R. Harris and F. P. Gilpin of Cranford; I. Stein, C. E. Filkins and M. M. Stein of Elizabeth.

Memorial Tablet Erected.—In memory of the late Dr. Henry Genet Taylor, for twenty-six years visiting physician to the Cooper Hospital, Camden, a tablet has been placed in the central corridor of the main building of the institution.

Defeat of the Birth-Control Bills.—The Assembly codes committee on March 7 killed the Shiplacoff-Goldstein bills aimed to legalize the dissemination through New York State of birth-control literature.

Damage Against a Midwife.—It is reported from San Francisco that on October 24 the Supreme Court of that city awarded damages to the amount of \$25,000 against a graduate midwife who had not taken the proper care of a baby's eyes, with the result that it became blind from ophthalmia neonatorum.

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I have never advocated war except as a means of peace.—Grant.

Peace won by compromise is usually a short-lived achievement.—Winfield Scott.

Peace, above all things is to be desired; but blood must be spilled to obtain it on equable and lasting terms.—Andrew Jackson.

THE TIME HAS ARRIVED FOR ACTION. PHYSICIANS, ESPECIALLY THE YOUNGER MEN, WHO HAVE BEEN DELIBERATING AS TO WHETHER OR NOT THEY SHOULD OFFER THEIR SERVICES TO THE GOVERNMENT SHOULD DECIDE NOW. STOP DELIBERATING AND ACT. NOT THAT THERE IS AN IMMEDIATE NEED FOR YOUR SERVICES. BUT THERE IS AN IMMEDIATE NEED THAT THE GOVERNMENT SHOULD KNOW ON WHOM IT CAN DEPEND SO FAR AS ITS MEDICAL OFFICERS ARE CONCERNED.—A. M. A. J.

THE SELECTIVE DRAFT HAS PASSED. FIVE HUNDRED THOUSAND SOLDIERS WILL SOON BE IN TRAINING. FOR THESE MEN 3,500 PHYSICIANS ARE NECESSARY. WILL YOU BE ONE?

THE 151st ANNUAL MEETING OF THE MEDICAL SOCIETY OF NEW JERSEY

WILL BE HELD IN THE

HOTEL CHELSEA, ATLANTIC CITY
ON

Monday, Tuesday and Wednesday

June 11-13, 1917

THIS YEAR'S ANNUAL MEETING OF OUR STATE SOCIETY WILL BE AN IMPORTANT ONE. EVERY DELEGATE SHOULD BE PRESENT AND AS MANY MEMBERS OF EVERY COUNTY SOCIETY AS POSSIBLE. THE LATTER WILL BE ENROLLED AS ASSOCIATE DELEGATES. DON'T FORGET TO BRING THE LADIES.

Every officer, annual, permanent and associate delegate and every guest attending the annual meeting is requested as soon as he conveniently can after arriving at the hotel, to register. Dr. H. A. Stout, chairman of the Credential Committee, and his excellent young lady assistants, will have the registration books open at the hotel at any time from 12 o'clock noon, on June 11.

A Special Roll of Honor will also be provided for any and all physicians who have offered their services to the Government for the war that is being waged for the protection of our Country and for the Welfare of Humanity. Headings will be provided as follows: Services offered; accepted on examination; army or navy service; already assigned to duty.

Physicians who have offered and been accepted, who cannot attend the annual meeting are requested to send the information to Dr. H. A. Stout, Hotel Chelsea, Atlantic City.

THE TREASURER OF EVERY COUNTY SOCIETY SHOULD BE SURE TO HAVE THE DUES OF EVERY MEMBER—ESPECIALLY OF THOSE RECENTLY ELECTED—COLLECTED AND IN THE HANDS OF TREASURER MERCER BEFORE THE ANNUAL MEETING, IN ORDER THAT THEY BE ENTITLED TO ENROLLMENT AS ASSOCIATE DELEGATES; THAT THEY MAY RECEIVE THE JUNE AND JULY JOURNALS AND THAT THEIR NAMES SHALL APPEAR IN THE OFFICIAL LIST OF MEMBERS.

The full program of our Annual Meeting having been sent to every member, we do not again insert the preliminary program.

FIFTY YEARS' SERVICE.

It is seldom that a physician has the fiftieth anniversary of his professional life celebrated by his brother practitioners with a banquet on two separate occasions two weeks apart, but such was the case with Dr. George R. Kent of Newark last month, and they were both occasions of deepest interest and true fraternal greetings and commendation on the character and work of an able, conscientious, ethical medical practitioner and of a Christian gentleman. The first banquet was given May 7 by the Practitioners' Club and the other on May 17 by the Medical and Surgical Society, both of Newark. We will give in the next month's issue of the Journal Dr. Wells P. Eagleton's able address at the first banquet and the eloquent speeches of Drs. H. C. Bleyle and G. R. Kent at the second banquet.

ROENTGENOLOGY AS A DIAGNOSTIC AID.

There is no denying the fact that the advance in roentgenology has been very distinct, particularly in the past five years. In most of the scientific institutions as well as in private work, a roentgen diagnosis is regarded as an essential, even in cases where the clinical diagnosis admits of very little doubt. In the latter sense it is employed as a verification. That *per se* is an argument for it. It is, however, in doubtful lesions, whether they be in the bone, lungs, intestinal tract or head, etc., where the value of a roentgen diagnosis has asserted itself. These are verities which admit of little dispute.

There are, however, some pitfalls which the roentgenologist has dug for himself, and into which he is regularly flung to the great glee of a large number of the profession. As may be assumed, the pitfalls are errors in diagnosis. Unfortunately roentgenology is not yet an exact science and there are no absolutely definite principles by which diagnoses may be laid down. Quite true, no one will deny the presence of a fracture when clearly shown on the plate, but even there the writer has had many disputes with competent surgeons who could not define for themselves small fractures or lesions so situated as to be obscured by other structures.

It is not with the *evident* lesions we wish to deal just now, as the x-ray has grown beyond that field, but it is just because of these evident lesions which the physician al-

ways has in mind that he believes the roentgenologist should make no errors at all in more obscure and difficult work such as, in gastroenterology and lung lesions.

Suppose we consider a roentgen series for gastric lesion, where a diagnosis of ulcer near the pylorus is made and the ulcer was found to be in the cap? What is the essential difference? Wherein would the treatment differ? Supposing again we have a 6, 7, or 8 hr. residue and a distortion of the pyloric end of the stomach, giving all evidence of a pyloric ulcer, and we make a diagnosis of ulcer at or near the pylorus, the ulcer at operation is found in the first portion of the duodenum! Literally we are wrong, but is the error monumental,

The competent roentgenologist (we do not refer to roentgenographer or technician) tries faithfully to make a diagnosis based upon the roentgen findings. There is, of course, a percentage of error. The value of the roentgenologist at the present time lies in his ability to interpret plates, and is figured in accordance with his percentage of errors. If diagnoses were as easy and as simple as 2+2 roentgenology would cease to be a science.

There is a middle ground between right and wrong. There is also a happy medium between over-enthusiasm and condemnation. Roentgenology serves a very useful purpose in medicine and its greatest virtue is that it strives to aid the physician in the practise of his profession.

A very able surgeon recently said that the x-ray has not given him much assistance in gall bladder cases. Consequently he does not use it; partly for this reason, and also because if the diagnosis is correctly made by the roentgenologist it only proves a verification of what he already knew. This is an instance where the roentgenologist and the surgeon cannot meet on common ground.

The principles and endeavors of roentgenology are here misunderstood. We want to serve, not to teach. Let us work together.

E. REISSMAN.

THE MEDICAL OFFICER A SOLDIER.

Judging from a few letters which have been received, there are some who are considering making application for the Medical Reserve Corps, but who hesitate and ask for information because they do not know what their destination will be after they receive a commission, or whether they will have any choice in the matter. A few evidently fear that they may be sent to

France, to the front; others, on the contrary, seem to fear that they may not be sent abroad, and may not get into real active service at the front. When a physician accepts a commission in the Medical Reserve Corps of the Army he, by that act, accepts a commission in the army itself and becomes a soldier. As a soldier, he obeys orders and goes where he is sent. If he likes it he smiles and goes; if he does not like it he smiles and obeys without grumbling—if he is a true soldier. This comment is simply a statement of fact which every member of our profession must bear in mind at the present time.

MEDICAL OFFICERS' TRAINING.

The medical officer in the army is not only a physician but also a soldier—at least he is a soldier in that he is an integral part of a machine, all parts of which must run smoothly and in unison. While he has certain specific duties, separate and distinct from those of the officer of the line or of the soldier in the ranks, yet the medical officer is a part of the army. Whether in the field, on the march or in camp, he has his position and must fit into it or there will be friction. Probably not one in fifty of those who have volunteered, or who will volunteer, know how to ride a horse, much less to manage it in maneuvers. Then again, emergencies have arisen when it has been necessary for the medical officer to become an active combatant. In a word, there are some elementary, but most important, things for the army medical man to know, and to know thoroughly, or not only will he be in trouble but those under him may suffer. For instance, he must know the routine of getting supplies, the position of the sanitary personnel on the field in time of war, the disposition of the property of the wounded, and the method of reporting various activities. Undoubtedly, therefore, the first order that most commissioned medical reserve officers will receive will be to report to one of the training camps. Here they will spend from two to four months and then they may be transferred to the mobilization camps. Necessarily, there will be some exceptions in this matter of training, as in the case of those connected with base hospital units, and of others who have gone to France and England.—A. M. A. Journal.

Dr. Walter S. Bray, Camden, makes a good suggestion in the Camden Courier. He says:

"The Red Cross Society is taking many

trained nurses away and the graduate nurse's place must be taken by the pupil in hospitals where they will receive training and fill vacancies as soon as competent that will exist. The number of vacancies is constantly increasing, and here is a chance for the healthy girl of good education. There is a big demand for trained nurses."

Let us bring this to the attention of the bright young women who wish to "do their bit" in the present great war; it is a splendid service.

Do not forget the A. M. A. Annual Meeting, New York City, June 4-8.

THE RESPONSIBILITY OF THE COUNTY SOCIETY IN PREPAREDNESS.

Every county medical society should appreciate its opportunity and realize its responsibility in the mobilization of the medical profession for war. Besides securing volunteers from its membership, there are two things which, if they are to be done, the county society must do. The first is to adopt measures by which, in their absence, the interests of those who volunteer shall be protected, so far as this is humanly possible. The sacrifice a physician makes in leaving his practice for a protracted period of time is unique. The bookkeeper, the clerk, the artisan, the clergyman, the merchant can be guaranteed his position on his return. The merchant, the banker, the farmer, the lawyer can arrange with another, or with his partner, to look after his business during his absence. But the physician's practice—his "business"—is different; there is a personal relationship between a physician and his patient that makes the transference of the patient from one practitioner to another almost, but not quite, impossible. In the great majority of instances, where there is an honest, earnest, fraternal effort on the part of the physicians of a community to do the right thing, they will succeed. This applies to keeping the enlisted physician's place in his community open for his return to civil practice. Already many societies have taken action in this connection. We cannot emphasize too strongly the propriety of this, especially in communities in which this personal relationship of the family physician is recognized. The second is to consider the people's interests. In some communities which have but one physician it would be a public calamity to have that physician leave for

the war. Yet the physician may consider his duty to his country greater than his duty to his community. This honorable ambition should not be discouraged, but the county society should consider how the needs of the people can be provided for, either by a locum tenens—who should be what the word actually means, a substitute for the time the doctor is absent—or by arranging with neighboring physicians to render the service. It is not probable that many county societies will have such problems on hand, but some undoubtedly will. In any event, THE JOURNAL urges every society which has not already done so to call a meeting to discuss the problems immediately before our profession. It should require but little effort at this time to get every member to such a meeting. The presidents and secretaries of county societies as well as the committees on medical preparedness have unusual responsibilities in this matter. Now is the time for action.—A. M. A. Journal.

AMERICAN MEDICAL ASSOCIATION.

The sixty-eighth annual meeting of this association will be held in New York City June 4-8, 1917.

The House of Delegates will meet at 10 A. M., June 4th, in Hosack Hall, Academy of Medicine Building, 17 West 43rd street.

The General Meeting—the opening of the Scientific Assembly, will convene at 8.15 P. M. on Tuesday, June 5th.

The various Scientific sections will meet Wednesday, June 5th, at 9 o'clock A. M. in the hotels designated in the A. M. A. Journal, May 5, page 1361. Their subsequent meetings will be announced in the bulletins.

The Bureau of Registration will be located in the Grand Ballroom, Hotel Astor, Broadway and 44th street, from 8.30 A. M. to 5.30 P. M. each day.

The Scientific Exhibit will be in the Pelvidere, the summer roof garden of Hotel Astor.

The following New Jersey physicians are named in the program given in the A. M. A. Journal as taking part:

Dr. John F. Anderson, New Brunswick, member of the Executive Committee of the Section on Pharmacology and Therapeutics.

Dr. Robert E. Soule, Newark, will read a paper on "The Bone Pin Arthrodesis in the Treatment of Flatfoot, Etc."

F. L. Hoffman, Newark, will read a paper on "Facts and Fallacies of Compulsory Sickneess and Insurance."

Dr. Wells P. Eagleton, Newark, will open the discussion on Dr. Weisenberg's paper on "Vertigo in Intracranial Disease."

Dr. Fred H. Albee, Colonia and New York, will discuss the paper of Dr. R. B. Osgood of Boston on "The Operative Treatment of Tuberculosis of the Knee Joint in Adults."

Dr. Ralph S. Cone, Westwood, will discuss Dr. Irving S. Fisher's paper on "The Need for Compulsory Health Insurance."

REPORTS TO BE PRESENTED TO THE ANNUAL MEETING

(Continued from Page 211.)

REPORT OF JUDICIAL COUNCIL.

Mr. President and Gentlemen:

During the past year there have been seven calls for Medical Defense. Six from the first and one from the fourth district. The second, third and fifth have not been disturbed. In all these cases Council has carefully gone over the evidence of the accused and unanimously voted him defense. One of the suits in Essex County I understand has been withdrawn.

I think I am correct in saying that with one exception, all the cases that have been recommended for defense by the Board of Councilors—and have been tried—have resulted in acquittal, and I understand the lost suit will be retried. Thus showing the efficiency of our attorney and the protection and financial saving to the members of the State Medical Society.

Respectfully submitted,

William H. Iszard, Chairman.

Camden, May 16, 1917.

REPORTS OF THE COUNCILORS.

First District.

Dr. William H. Iszard, Chairman:

The County Societies in the First District are all in a flourishing condition. Their scientific activities have been reported regularly in the Journal of the Medical Society of New Jersey by their respective reporters.

None of the suits for alleged malpractice reported last year have been finally settled. During the past year two members from Essex County applied for medical defence. Their cases are now in the hands of the attorney for the State Society.

Respectfully,

Christopher C. Beling,
Councilor of the First District.

Second District.

Dr. William H. Iszard, Chairman:

Pursuant to your letter of April 12th in reference to the report of the Council for the Second District, I beg to state that no matters calling for the attention of the Judicial Council have been brought to my attention during the past year.

Yours very truly,

John C. McCoy,
Councilor of Second District.

Third District.

Dr. W. H. Iszard, Chairman:

The councilor from the Third District desires to report that all of the societies comprising this section are in a most prosperous condition.

Meetings have been held regularly, addresses and lectures have been given frequently by men of note, and all of the activities of these societies indicate a tendency toward high professional attainment.

Respectfully submitted,

William A. Clark,
Councilor for the Third District.

Fourth District.

The societies comprising the Fourth District have held their meetings regularly and with increased interest and increasing membership.

At the annual meeting of Camden County Society, held October 10th, 1916, Dr. Phillip Marvel, President of the State Medical Society, was introduced and made some interesting suggestions in an after-dinner talk.

On October 11th, 1916, at the Burlington County Society it was my pleasure to listen to a paper on "Anterior Poliomyelitis," by Dr. Hugh of Philadelphia, giving account of some cases he had operated on for deformity. All declared it was the best they had ever heard. Burlington County always has good talent and meetings well attended.

Ocean County Medical Society, while small in numbers, is large in influence. They have furnished the State with the military general. And the coming year will give us the President of the New Jersey State Medical Society.

Monmouth County has had nothing to mar the peace and prosperity of the profession.

Last October one of the members of the Camden County Medical Society received a letter from a law firm in Eastern Pennsylvania, dated October 7th, 1916, stating they had been retained for the purpose of instituting suit against him for unskilful treatment of Mrs. Lambert's broken arm. The accident causing the break happened August 17, 1915. The letter said: "Before instituting suit in the U. S. District Court of New Jersey against you, we will give you an opportunity to adjust this matter without suit. But whatever is done will have to be done within seven days from this date. At the end of that time suit will be instituted without delay." The doctor got busy. Council was called together and with the defendant went over all the facts and unanimously voted to defend him. Recently the case has been placed in the hands of a firm of lawyers in Wildwood, N. J. They demanded \$5,000 and immediate settlement. **Suit has not yet been instituted.**

Respectfully submitted,

Wm. H. Iszard,
Councilor for the Fourth District.

Fifth District.

Dr. W. H. Iszard,

Chairman, Judicial Council:

Pursuant to the action of the State Society, at the last annual meeting, requiring that the report of the Judicial Council be published in the May Journal, I herewith submit my report as councilor for the Fifth District.

Active work, well attended meetings, with papers and addresses by eminent members of our profession, has characterized the work of the societies of this district for the current year.

There is a growing appreciation upon the part of many of our county societies, of the wealth of clinical material available in our public institutions, county and State, for the purpose of study and observation.

This material, carefully selected and arranged in groups, with one or more competent specialists selected to demonstrate the salient features of interest to the man in general practice, constitute a post-graduate course in medicine for the general practitioner that is hard to over-rate.

The social sessions continue to find favor and approval with the local societies of the district, and there has been a general increase in membership during the year.

The district has again had the good fortune to have no malpractice suits to defend, for which we are duly grateful.

The interchange of delegates among the county societies is now in favor as a routine practice, adding much to the pleasure and profit of our meetings.

Reporters appointed by our local societies, are furnishing the Journal with good concise reports of the meetings of their respective county societies, thus adding to the value of the Journal, and increased interest in the work of their local organizations.

The response of the profession to the nation's call in the present crisis, has been prompt and patriotic. True to the traditional patriotism of the Medical Society of New Jersey, many of our men have become members of the Medical Reserve Corps of the United States, and we stand ready at a moment's notice to serve the nation in whatever capacity deemed best.

The grim reaper death has claimed his usual toll from our membership, and some have been called to that long rest that knows no night call.

Respectfully submitted,

James Hunter, Jr.,
Councilor of the Fifth District.

Army Medical Corps Examination—The Surgeon-General of the Army announces that preliminary examinations for appointment of first lieutenants in the Army Medical Corps will be held at convenient points on the first Monday in each month. Full information concerning these examinations can be procured upon application to the Surgeon-General, U. S. A., Washington. There are at present 230 vacancies in the Army Medical Corps, and after July 1 there will be 222 additional vacancies. The essential requirements are that the applicant shall be a citizen of the United States, between 22 and 32 years of age, and a graduate of a recognized medical school, and shall have had at least one year's hospital training as interne after graduation.

CORRESPONDENCE.

Good Legislation Defeated.

Editor of the Journal:

I desire to call attention of the Medical Profession in this State to a matter of marked injustice which occurred during the last session of the legislature.

Your Committee on Legislation had three measures which passed both houses. One to gradually raise the standard of medicine along the lines adopted by the most progressive States and also by the A. M. A. One placing severe penalties on any one producing abortion and forfeiting their license; still another to more properly regulate the practice of midwifery in this State.

These measures were vital to the best interests of the profession and really meant placing us on a higher plane in the general advancement which is being made all over the country. Much to our surprise and sorrow they were

all vetoed by the Governor, rendering the good work of your committee nil. Still another matter—whether it is called business or economy—a bill was passed by the legislature taking away from the State Board of Medical Examiners any recompense for their services. The amount these men received for their services was a small recompense for the most estimable work they were doing. New Jersey had become known all over the country as having a well qualified Board and a man to pass it was obliged to know something of medicine. Their decisions were invariably fair, and their desire was to elevate our standard so that it would compare with any. I think that the State Society should take some strenuous action at its coming meeting to express our confidence in them and also demand that the slight recompense they received should be returned to them.

I am more than surprised in view of the fact that the Governor informed the writer that he unhesitatingly stood for the elevation of the profession.

L. M. Halsey.

John Phillip Sousa, the most famous of our band-masters, says:

"The Father Confessor of the world is not the Priest but the Physician. Faith in your doctor is the all-powerful panacea for recovery from illness. When the medical man is glorified in your eyes, fear departs from your soul. All in all the doctor is the most important factor in the progress of the world."

John Fox, Jr., the popular author, says:

"I have always said that if I had been a good physician or surgeon, I could meet death with more satisfaction than if I had followed any other calling known to man."—Medical Review of Reviews.

Therapeutic Notes.

Gastro-Intestinal Disorders.

Dr. Sajous, in discussing the uses of sodium bicarbonate, in the N. Y. Medical Journal, mentions the relief from pain or discomfort arising from delayed digestion in cases of hypochlorhydria, for indigestion expressed by pain at the cardia, eructations, somnolence, low spirits, and irritability of temper, for which the following formula is offered.

Sodii bicarbonatis, 3iiss.

Infusi gentianae compositi (N.F.), 3vi.

M. et Sig.: One tablespoonful an hour before meals.

Sajous further states that E. Binet, in similar cases, orders the following formula to be used one hour and one-half before the meal, and in severe cases, also one-half hour and one-half hour after eating:

Sodii bicarbonatis, gr. xii.

Magnesi oxidii ponderosi, gr. iv.

Belladonnae foliorum pulveris, gr. 1/4.

Pone in chartulam No. 1.

Relief of the distressing symptoms is obtained by acceleration of gastric motility through carbon dioxide liberation, thus promoting more thorough admixture of the gastric juice with the food, and a quicker evacuation of the stomach contents.

Gastric Ulcer.

Scarlet red, given internally in 15 to 20 grain doses in konseals three times a day, is reported to have been decidedly effective in the treatment of this condition.

Grippe—Treatment of.

Dr. Beverly Robinson highly praises the following combination, dispensed in capsules, in the treatment of grip:

Ammonium salicylate, grs. iiii.

Caffeine, gr. 1/4.

Two such capsules should be taken by an adult every two hours for four or five doses, then every three or four hours.—American Medicine.

Influenza—Treatment.

Some cases of this condition respond more readily to certain drugs than others. Among those offered is the following:

Acidi acetyl-salicylici, gr. v.

Camphorae monobromatae.

Sodii benzoatis, aa gr.ij.

M. et ft. in capsule, number desired.

Sig.—One every two hours.

Sulphonal may be given for the sleeplessness and when coryza is annoying an application of a 10 to 20 per cent. solution of argyrol followed by an oily spray applied to the nostrils relieves the irritation.

Laryngitis—Acute.

For this condition Dr. H. A. Hare prescribes a cleansing treatment of the bowels by the use of calomel and a saline purge if constipation is present, with the following prescription internally:

Tinct. aconiti, mxl—lxxx.

Sodii bromidi, 3ij.

Syrupi lactucarii (Aubergier), 3j.

Aquae destillatae, q. s. ad. 3iij.

M. et Sig.—Dessertspoonful every hour until six or eight doses have been taken.—Practical Therapeutics.

Nasal Lavage.

Dr. Lake uses the following powder for this purpose:

Sodii chloridi, aa 3j.

Sodii bibori, aa 3j.

Sodii bicarbonatis, aa 3j.

Sacchari albi, 3iij.

Sig.: One teaspoonful in ten teaspoonfuls of tepid water.

Relaxed Sore Throat.

Dr. Hare recommends the use of the following gargle in this condition:

Tinct. iodi, f3 (4.0).

Potass. iodidi, 3i (4.0).

Spiritus vini gallici, f3i (30.0).

Aquae destillatae, q. s. ad f3iv (120.0).

M. Sig.: Use two teaspoonfuls (8.0) in half a glass of water as a gargle three times a day.—Practical Therapeutics.

Rheumatic Fever.

Acidi salicylici, 3ss.

Liquoris ammonii acetatis, 3iv.

Spiritus aetheris nitrosi, 3i.

Syrupi simplicis, 3i.

M. Sig.: Tablespoonful every three hours, well diluted.—Med. Brief.

Hospitals and Sanatoria.

The hospitals of New Jersey have been very generally offered to the government during the war period.

New Jersey Orthopedic Hospital.

The East Orange Lodge of Chauffeurs pledged \$50 recently to the fund being raised by the New Jersey Orthopedic Hospital of Orange for the erection of a new building. The pledge will be met in two payments of \$25 each, the first to be made immediately.

St. Michael's Hospital Jubilee.

The celebration this week, May 7-12, of the golden jubilee of St. Michael's Hospital was conducted without great eclat. The aim of the institution is to relieve human suffering, lessen pain, dispel disease, increase the sum of the city's happiness; so there was no inclination to indulge in elaborate display. The money would better be applied to meet the practical and always pressing needs of the institution; such is the sentiment of the management. Yet all Newark joined the observance of the anniversary, few in person but a multitude in spirit.

"Happy day for Newark!" was the exclamation of Father, later Monsignor, Doane, when he greeted the first group of Sisters of the Poor of St. Francis who came to take up the work of the hospital, which then, in the spring of 1867, was a small house, containing thirteen beds, located in Bleecker street. The priest, whose memory the city will long cherish, spoke the truth. It was a happy day. A public charity of great dimensions and splendid accomplishment has developed out of that humble beginning, made under the auspices of the Society of St. Vincent de Paul. The same sisterhood of noble women are its ministry. The thirteen patients of 1867 grew to 16,642 in 1916. The hospital has no endowment. It depends for sustenance "upon Divine Providence and the charity of the public." Its doors are always open and its beds always ready, up to capacity, for all, irrespective of race, creed or color. It is a monument to Bishop Bayley, its founder. It is one of the best agencies for public good which the city possesses, and Newark is duly proud of it.—Newark Evening News.

Hospital Training School for Nurses.

Nine nurses received their diplomas from the Morristown Memorial Hospital Training School. Seven from the Overlook Hospital School, Summit; five from the St. Peter's Training School, New Brunswick, and eight from the Elizabeth General Hospital School, last month. It was the twenty-fifth anniversary of the last-named training school.

Tuberculosis Sanatorium, Verona.

Seventy-six patients were under treatment at the City Tuberculosis Sanatorium at Verona March 31, according to the report made last month to the tuberculosis sanatorium committee of the Board of Health by Dr. Thomas N. Gray, chief of the Bureau of Tuberculosis. Fourteen patients were admitted to the insti-

tution during the month and a similar number were discharged.

Bonnie Burn Sanatorium.

Dr. J. E. Runnells, superintendent, reports for April that on April 1st there were present 111 patients—68 men and 43 women. Twenty-six patients were admitted during the month, 15 men and 11 women, classified as follows:

Incipient, 1 female; moderately advanced, 3 females, 3 males; far advanced, 14 males, 6 females; glandular, 1 male, 1 female.

The largest number of patients present during the month has been 118; smallest number, 107.

Hospital Equipment at Police Precincts.

Recommendation to establish a reserve corps of physicians and hospital rooms in all police precincts was made recently by a committee of physicians of the Defense Emergency League of Newark, N. J. The committee will start recruiting the proposed corps and will seek the necessary permission from the Police Board. Ways and means of obtaining needed paraphernalia for the suggested hospital rooms will be devised. As outlined, the corps would consist of sixty physicians, who would hold themselves ready for any emergency which might occur in the city. As further preparation for any eventualities, it was thought advisable to have a room in each of the police precincts fitted up with one or two cots, an operating table and other equipment for hospital work.

Dr. H. J. F. Wallhauser is chairman of the committee on organization. The other members are Drs. J. Henry Clark, A. J. Mitchell, A. C. Dougherty, Charles E. Teeter, Herbert W. Long and J. D. Lippincott. Meetings will be held weekly in the rooms of the Police Board.

University of Minnesota Field Hospital Unit.

The Mayor Foundation of the University of Minnesota has offered the government for foreign service a fully equipped field hospital unit, headed by some of the most distinguished physicians and surgeons of the country. It is possible that the medical staff may be under the leadership of Dr. William J. Mayo, of Rochester, Minn. The organization is known as the University of Minnesota Field Hospital Unit.

Dr. E. H. Plummer and Dr. Charles Judd, two of the five partners operating the Mayo Hospital, and regarded as equals of Dr. Mayo in skill, have enrolled in the medical staff. Dr. Frank C. Todd of Minneapolis, the leading eye specialist of the Northwest, has given up a yearly practice of \$80,000 to help save the eyesight of wounded soldiers. Dr. H. Robertson, head of the bacteriological department of the University of Minnesota Medical School, and Dr. S. Marx White, stomach and heart specialist, have enlisted.

The Mayo Foundation of the University of Minnesota paid one-half of the expenses in equipping the unit and the other half was paid by public subscription. The staff consists of 120 physicians and surgeons and 300 nurses, orderlies, attendants and clerks. The unit has 500 tented beds of the latest model, full surgical apparatus and a portable shelter for an operating room, which can be fitted to flat railroad cars or erected in the field.

Marriages.

DOWD-RICHARD.—In New York City May 24, 1917, Dr. Heman Laurence Dowd, of Orange, N. J., to Miss Alice Richard of New York City.

GENZMER-SMITH.—At Philadelphia, Pa., April 11, 1917, Dr. George Victor Genzmer of Plainfield, N. J., to Miss Ethel Sherwin Smith of Philadelphia.

SAYRE-BENNETT.—At Red Bank, N. J., May 21, 1917, Dr. William D. Sayre to Miss Louise C. Bennett, both of Red Bank.

TIDWELL-GALLOWAY.—In New York City, April 11, 1917, Dr. Harold Frank Tidwell of West New York, N. J., to Miss Kathleen Galloway of New York.

Deaths.

ALLEN.—At Lafayette, N. J., April 17, 1917, Dr. Edgar Allen, from cerebral hemorrhage, aged 55 years.

Dr. Allen graduated from Jefferson Medical College in 1899. For two years he had been postmaster at Lafayette.

DeMUND.—At Ridgewood, N. J., April 30, 1917, Dr. John Theodore DeMund, aged 77 years.

Dr. DeMund graduated from the University of Pennsylvania in 1864. He was a member of the Bergen County Medical Society, the Medical Society of New Jersey and the American Medical Association; he was twice coroner of Bergen County; was surgeon of the 59th Pennsylvania Volunteers during the latter part of the Civil War.

LONG.—At Freehold, N. J., May 11, 1917, Dr. Isaac S. Long, aged 77 years.

Dr. Long graduated from the University of Pennsylvania Medical Department in 1886 and had practiced in Freehold forty-five years. He was president of the Monmouth County Society for one term and was its treasurer for several years.

POTTER.—At the Franklin Hospital, Franklin, N. J., April 1, 1917, Mrs. Maretta Howell Potter, widow of Dr. Emerson B. Potter of Newton, N. J.

Personal Notes.

Dr. Fred H. Albee, Colonia, will soon sail with the Post-Graduate Hospital unit for service in Europe.

Dr. Ralph R. Charlesworth, Millville, was recently appointed city physician by the newly-elected City Commissioners.

Dr. Hugh F. Cook, Newark, and wife spent a few days in Atlantic City last month.

Dr. James Douglas, Morristown, is a member of the Excise Board of that city.

Drs. James S. Green and Stephen T. Quinn, Elizabeth, have received commissions as members of the Medical Reserve Corps and over twenty young physicians have successively passed examinations for service.

Dr. Edward J. Ill, Newark, recently gave a lecture on "Health," in Columbus Institute under the auspices of Court Seton, No. 72, Daughters of Isabella.

Dr. Henry C. James, May's Landing, has been appointed physician of the Atlantic County jail.

Dr. William James, German Valley, has been called to medical service in the war.

Dr. Henry W. Kice, Wharton, addressed the members of the German Hospital Auxiliary, Dover, recently.

Dr. William H. Lawrence, Jr., Summit, who is teaching the members of the Summit organized corps first aid to the injured principals, asked how many of them would volunteer for service in Roosevelt's command, when practically all of the fifty members signified their willingness to go. The corps is composed of professional men, merchants and clerks.

Dr. William J. Lamson, Summit, delivered an address on "School Health" at the Childs Welfare Exhibit opening on May 15th. Dr. Francis M. Tweddell spoke on the evening of the 17th.

Dr. Joseph MacDonald, Jr., East Orange, was elected Grand Commander of the Knights Templar at the annual meeting in Trenton last month.

Dr. William H. Murray, Plainfield, has charge of a medical corps, under the Home Defense League of that city.

Dr. George H. Sexsmith, Bayonne, was recently appointed surgeon of the Central Railroad of New Jersey.

Dr. F. William Shafer, Camden, has been appointed chairman of the Social Hygiene League of that city.

Dr. Robert R. Sinclair, Westfield, has returned from Florida and resumed practice.

Dr. Robert S. Topping, Newark, has announced the removal of his office from 11 Roseville avenue to 152 Roseville avenue.

Dr. Clarence M. Way, Sea Isle City, sailed from New York, March 26, for France, arriving there April 5th, for a four month's service in the American Ambulance Hospital, Paris.

Dr. Edward P. Whelan, Nutley, is giving a series of lectures on "The Care and Feeding of Infants and Young Children." Drs. Crystell and Jackson are instructing classes in first aid to the injured.

Dr. Guy O. Brewster, Dover, has invented a bullet-proof armor and had it tested recently on himself with success.

Dr. Frank B. Lane, East Orange, and Francis E. Knowles, South Orange, have been reappointed on the Board of Managers of the Soho Isolation Hospital.

Dr. John W. Clarke, Lyndhurst, has been appointed town physician.

Dr. Floyd Thomas, Flemington, who recently enlisted in the Second Regiment, has recovered from illness and returned to his headquarters.

Dr. Edwin Field, Red Bank, was given a testimonial dinner by the Elks May 16 at the Elks' Home, that city. One hundred and thirty Elks were present from different sections of the State.

Dr. Clarence A. Hofer, Metuchen, entertained the members of the Middlesex County Medical Society at dinner at his home May 17th. Covers were laid for thirty.

Dr. Richard E. Knapp, Hackensack, and wife, were seriously injured by a passenger train striking their automobile. The doctor's skull was fractured and Mrs. Knapp's legs were both fractured; both were taken to the Hackensack Hospital.

Dr. Albert Pittis, Plainfield, entertained the members of the Plainfield Medical Society at dinner at his home May 15th. Covers were laid for twenty-five.

Drs. Guy Payne and Virgil H. Cornell, Cedar Grove, have been elected respectively president and secretary of the Western Essex Chapter of the National Red Cross Society.

Dr. Thomas P. Prout, Summit, presided at the graduating exercises of the Overlook Hospital Training School, when seven nurses received diplomas. An address was made by Dr. R. H. Hamill.

Dr. Frederick J. LaRiew, Washington, has been reappointed a member of the Warren County Mosquito Extermination Committee.

MEDICAL EXAMINING BOARDS' REPORTS.

	Exam.	Passed.	Failed.
Alabama, January ..	22	12	10
Hawaii, January	3	3	0
Illinois, October	115	88	27
Indiana, January ...	4	4	0
Missouri, December .	14	9	5
Nebraska, May-June.	40	40	0
Nebraska, November.	12	12	0
New Mexico, January	12	12	0
North Dakota, Jan..	4	4	0
Oregon, January	30	24	6
Pennsylvania, Jan...	71	66	5
Porto Rico, October..	29	21	8
Rhode Island, Jan...	1	1	0
South Dakota, Jan...	8	8	0
Vermont, February .	3	2	1
Wisconsin, January .	7	5	2

California in January licensed 43 through reciprocity. Illinois during 1916 licensed 31 through reciprocity and Michigan from August 29 to December 22, 1916, licensed 40.

Public Health Items.

Heated Houses and Colds.—During the winter time the air in heated houses, schools and offices is apt to be of desert dryness. The common head cold and the prevalence of catarrhal conditions of the nose and throat are due to this indoor dryness to a greater degree than to the outdoors cold and storms.—Asst. Surg.-Gen. J. W. Trask, Public Health Reports.

Informing the Patient.—There is a natural hesitancy on the part of many members of the medical profession in telling patients that they have tuberculosis. This should be overcome. It is unjust to the patient; it is associated with danger to the community, and it lowers the standing of the medical profession in the community.—S. J. Deehan, M. D., Philadelphia Public Health Bulletin.

Feeble-mindedness.—The term feeble-minded is used generically to include all degrees of mental defect due to arrested or imperfect mental development, as a result of which the

person so afflicted is incapable of competing on equal terms with his normal fellows or managing himself or his affairs with ordinary prudence.—American Association for Study of the Feeble-minded.

Suits for Damages—Typhoid Fever Epidemic.

Twenty-eight persons who suffered family losses during the typhoid fever epidemic in South Brooklyn and Bay Ridge in 1915 have entered suits for damages aggregating \$300,000 against the Ideal Dairy Company. The plaintiffs allege they bought the milk with the assurance that it was pasteurized and pure. They claim that it was neither, and that it caused the epidemic. Among the suits is one for \$50,000 by Mrs. Huda Seppia. Her husband died of typhoid and left her with eight children to support.

The Effect of Alcohol on Marksmanship.

A member of the army medical corps recently presented in the Concours medical some interesting information concerning the effect of alcohol on marksmanship. He chose the best shots from among the non-commissioned officers and soldiers of his regiment, and had them fire a series at 200 meters. They were then given a dose of brandy, approximately 50 gm., after which they fired a second series similar to the first. These experiments were repeated at different times and under different conditions with always identical results. It was found that the efficiency of the marksmen after the absorption of the alcohol had depreciated 30 per cent. in rapid firing and 50 per cent. in slow firing.

Rural School Children.

A recent investigation made by the U. S. Public Health Service in connection with studies of rural school children showed that 49.3 per cent. had defective teeth, 21.1 per cent. had two or more missing teeth, and only 16.9 per cent. had had dental attention. Over 14 per cent. never used a tooth brush, 58.2 per cent. used one occasionally and only 27.4 per cent. used one daily. Defective teeth reduce physical efficiency. Dirty, suppurating, snaggle-toothed mouths are responsible for many cases of heart disease, rheumatism, and other chronic affections. The children are not responsible for the neglectful state of their teeth. The ignorant and careless parent is to blame for this condition—a condition which hampers mental and physical growth and puts a permanent handicap on our future citizens. School teachers can and are doing much in inculcating habits of personal cleanliness on the rural school child, but this will fail of the highest accomplishment unless parents co-operate heartily and continuously. This is a duty which we owe our children.

Physical Impairment.—Some figures from the reported experience of the Germania Life in the health service it is carrying on among its own policyholders have an interest. Eighteen months ago, the company offered them the privilege of periodic examinations and of advice on sanitary living and the like, and to last September, 3,482 had applied for this service. A study of a group of examinations

made in 1915 by the Life Extension Institute covers a group of 1,154 insured persons of varying ages, averaging 42.6, and having policies that had been in force three years or more. Of this group of persons only fourteen, or 1.21 per cent., passed "perfect" in their physical re-examination; that is, no physical impairment was discovered, and no advice for correcting habits of living was needed. The other 1,140, or 98.79 per cent., did need advice, and in case of 789 of them, or 68.37 per cent. of the whole number, that advice was to seek medical treatment. Of the 1,140 persons who were in some need, either in their physical condition or their mode of living, forty-nine (4.25 per cent.) were "seriously affected"; 740 (64.12 per cent.) were moderately affected, and 351 (30.42 per cent.) were slightly affected, and out of the 789, or 68.37 per cent., who were advised to go to physicians for treatment, only 160 were aware that any impairment existed. —Insurance, Nov. 3, 1916.

Medico-Legal Items.

False Answer in Insurance Medical Examination.—The false answer in an application for life insurance as to having consulted a physician within a specified time before the date of the medical examination, the applicant having warranted that his answers were true and having agreed that if the answers were untrue all rights to himself or to his beneficiary should be forfeited, is a bar to recovery on the benefit certificate issued.—*French vs. Modern Woodmen of America*, 194 Ill. App. 438.

When Death from Blood Poisoning Not Within Accident Policy.—Under an accident and health insurance policy providing for a payment to the beneficiary in case of the death of the insured from sickness, a provision that disability resulting from ulcers and blood poisoning shall be classified as sickness excludes any claim for payments for accidental death, where it appears that the insured died from an ulcer of the foot alleged to have been due to blood poisoning as the result of a lump of coal striking his foot.—*Gertz v. Clover Leaf Casualty Co.*, 197 Ill. App., 462.

Implied Promise of Corporation to Pay Physician.—The St. Louis Court of Appeals holds that the engaging of a physician and surgeon to care for a corporation's employee, by instruction by the corporation to "go on until you hear from" the corporation, carried with it an implied promise to pay the reasonable value of services thereunder.—*Wilson v. St. Louis Envelope & Paper Box Co. (Mo.)*, 190 S. W. 379.

An Important Decision in the New Jersey Compensation Law.

On January 31st, 1917, at Newark before Judge Martine, there was tried a case that was of unusual interest to oculists as well as laymen. The case was tried under the N. J. Compensation Law to determine the amount of loss of vision following an injury to the eye and determine whether the wearing of a cataract lense was practical while the vision in the other eye was normal.

In May, 1916, Alexander Varga while working for a N. J. corporation was struck on the right eye. After being in a New York hospital for some weeks he consulted Dr. Howley, of New Brunswick, who found him suffering from a Traumatic Cataract. Dr. Howley operated and obtained vision of 20/40 about October 1, 1916. The insurance people offered to pay only a paltry sum for the loss of sight, stating that he could wear a glass and improve his vision.

The patient stated, that he could not wear his correcting lense without becoming dizzy and endangering his life while at work. Dr. Howley testified to the inability of such patients wearing cataract lenses when they have normal vision in the other eye, and estimated the loss of vision at 98 per cent., as vision was reduced to fingers at two feet.

The defendants put Dr. Dias on the stand, who testified that it was possible and practicable for patients with aphakia, to wear cataract lenses and mentioned one case. Judge Martine rendered a decision in favor of Vaiga giving a loss of 98 per cent. of vision. Vaiga was ably defended by Judge Freeman Woodbridge in ophthalmology will prove interesting:

Fuchs. "The correction of the aphakic eye by a corresponding convex lense proves to be impracticable."

De Schweinitz. "Extraction of unilateral cataract will not usually give the patient increased visual acuteness, because, owing to the inequality of the refraction, the eyes will not work together."

E. S. Thomson. "The wearing of a cataract lense while normal vision exists in the other eye is impracticable."

Weeks. In speaking of the connection of aphakia in one eye, says, "the result will be a blurring that will not be tolerated by the patient."

BOOKS RECEIVED.

"At the Bar of Public Opinion." This is a collection of quoted opinions from newspapers and magazines on the subject of the nostrum evil and quackery. The criticisms, coming from sources which might be financially benefited if they kept silent, are of particular interest. Price, 10 cents. Published by American Medical Association, 535 North Dearborn Street, Chicago.

Facts and Fallacies of Compulsory Health Insurance by Frederick L. Hoffman, LL. D., an address read in part before the Section on Social and Economic Science of the American Association for the Advancement of Science, Dec. 28, 1916, and the National Civic Federation, Jan. 22, 1917.

REPRINTS RECEIVED.

Sex Gland Implantation; Additional Cases and Conclusions to Date.

Epididymotomy as a Routine Procedure in Epididymitis.

A New Tractor for Perineal Prostatectomy and a New Perineal Drainage Tube.

By G. Frank Lydston, M. D., Chicago.

Principles of Vaccine Therapy in Pyorrhea.

By Drs. G. B. Harris and E. M. Stanton.

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PRESIDENT'S ADDRESS.

Delivered at the 151st Annual Meeting of the
Medical Society of New Jersey at Atlantic
City, N. J., June 11th, 1917.

SOCIAL INSURANCE.

BY PHILIP MARVEL, M. D.,
Atlantic City, N. J.

When considering the matter of a topic worthy of this occasion, I deemed it a happy coincidence that the subject of Social Insurance seemed applicable and alike pertinent to the interests of the physician and the demands of the public. Under ordinary circumstances I would hesitate to deviate from the practice of my predecessors, who have hitherto mostly concerned themselves with strictly scientific or semi-scientific subjects in their annual addresses; but at the present time, when people are awakening to the fact that health is not alone a matter for the individual, but for collective concern to all persons—singly or in groups—who are responsible for conditions affecting health; when industrial requirements, through increasing accidents and vocational diseases call for better sociologic and hygienic conditions; when accumulative enactments are forcing greater moral and financial responsibility, and when commercial interests, through new, economic standards intimately touch the welfare and efficiency of the physician, the situation is pregnant with innumerable possibilities when applied to the future, and is of special importance to our profession, therefore, I present to you to-night a purely academic problem—Social Insurance—which promises to command, sooner or later, your most careful attention.

Health insurance may be divided into two classes—voluntary and compulsory—

but for the convenience of our consideration to-night I shall treat it as one.

The subject is by no means novel; it has received much attention from various organizations such as the American Federation of Labor, industrial corporations and mining and agricultural interests; also from scientific journals, religious monthlies, secular magazines and the daily press, each of which has made it the subject of editorial discussion.

Likewise, it is of absorbing interest to the leaders of the medical profession, who foresee in pending legislation undeveloped possibilities and pitfalls for the unsuspecting and ever-credulous physician.

Manifest evidences are rapidly developing in our own and in neighboring States, as more than twenty have already had presented to their legislatures bills seeking enactments authorizing health insurance administration, which is sure to have a bearing on the near future. Interim, or so-called recess committees, appointed by their respective legislative bodies, are now actively engaged in the study of its economic relations to the State, the employer and the employee—California and Massachusetts being notable examples; hence there is no longer a question of fact, but one of form and expediency. It is equally true that an enactment in some form will impress itself upon our statutes in the near future, and it is possible within the oncoming year.

Should the medical profession be slow in interesting itself in this problem, or fail to regard it with more than passing concern, it is reasonably certain, when it is enacted, their interests will receive but incidental consideration from the allied forces promoting its establishment.

Effective social insurance without preventive medicine is an impossibility, hence any plan contemplating the former must of necessity establish the latter. Fortunately

it already is rapidly becoming the forceful and controlling influence in medical science.

Once the idea of collective action is thoroughly understood, and it is appreciated that individual endeavor cements and makes the whole stronger and economically competent, the responsibility for disease-causing conditions will be fixed, and the matter of public health will no longer be left to haphazard and irresponsible methods.

The common aim of preventive medicine is so obvious it should invite enthusiastic co-operation wherever established. To the modern industrial world this view has become an accepted fact, and its efficiency is being pushed to a logical conclusion. Experts have long since been employed to study the expensive and complicated machinery for the purpose of preserving its mechanism and obtaining its maximum efficiency, but until recently—nor even now—have the people become acquainted with and aroused to the fact of the neglect and comparative depreciation of the human machinery.

Many of you have followed the reports on this subject by the Council on Health and Public Instruction of the American Medical Association the past two years, and possibly that of the Massachusetts State Medical Society's Committee, which reports had the advantage of observations made by the Recess Committee of both the States of California and Massachusetts, and you have probably become familiar with both their work and recommendations and are much impressed with the urgency and expediency for serious consideration of the same at this time, and especially with the necessity of a solidarity of action on the part of the medical profession in order that proper legislation, when enacted, may insure equity in its administration.

There is much speculation as to what may be the primary influence of the establishment of such a law in this country, because heretofore there has not been any form of health insurance altogether satisfactory in any country, and thus far there seems not to have been introduced in any State legislature a bill that has met with the unqualified approval of the combined interests.

The bills presented to the several legislatures provided for a fund to be raised by contributions as follows: 10% by the State, 40% by the employer and 50% by the employee, thereby making the fund a relational one, the total of which depending upon the gross receipts of the employer and the

amount of wages paid the employee, with a small subsidy contributed by the State.

Among the particular objectionable features cited in these bills is the prohibition of a choice of physician by the patient, the physician being selected from a chosen panel is named by a committee of the interests, and restricted to a territorial district. Comparing the future possibilities of these relations with those known to exist between the Workingmen's Compensation Act and its medical service, it is only fair to state that the former is charged with exactions incompatible with medical service.

The proponents of the Massachusetts bill (the Doten bill) evidently felt the power given the representatives of the active interests would be sufficient to secure satisfactory relations between them and the physicians, but history emphasizes, whenever it is left with the insurance companies to contract with physicians for their services, it is almost without exception contended on the basis of individual rates. If you examine the results of the adjustments for service rates, you will find striking situations in the proportionate difference required for the qualified physician, and that of the insurance solicitor.

The Commissioner of Insurance of the State of Massachusetts, in his recent report for the year ending June, 1916, states the Rate Making Bureau, composed of a member from each insurance company, and of a member from the State Department of Insurance, agreed on a 17½% basis as a premium to be charged for writing compensation policies which, if I understand correctly, does not include the office expenses or other overhead charges, but the said report gives the net premiums to the stock companies for the year in round numbers—\$5,600,000, and 17½% of this which amounts to \$980,000, seems to have been paid for soliciting the business.

The removal of the employer's safeguard under the common law has been the compelling force that brought about the insurance; it therefore requires but a slight direction of the imagination to assume that the sum of \$980,000 was absorbed by the stock companies in the incidental expenses of obtaining the business. The total benefits paid last year under the act was \$3,500,000, of which 22% was absorbed in medical attention, hospitals and supplies.

Accepting these figures as approximately correct and apply them to the probable conditions of the present day, it establishes the fact that \$770,000 was paid out for all

forms of medical service and supplies, which was \$210,000 less than the amount paid the solicitors for obtaining the business.

If health insurance when properly developed is to become a measure that will decrease poverty and disease, and raise the moral standard of living, and of health to a greater civilized basis, there is no utopian force or philanthropic influence that will oppose its adoption. And it may be further stated that insofar as the general purpose of health insurance is concerned in preventing or palliating human distress the medical profession is favorably impressed with and invites it.

Viewed from the point of the survey of the "Mills Bill," presented to the New York legislature during the sessions of 1915 and 1916, and of the Doten Bill presented at a recent session of the Massachusetts legislature, there can be but one conclusion, namely, that other interests than that of the medical profession have received the maximum consideration. The sections of the bills regulating practice closely analyzed are little more than a legal contract whereby one may pursue medical or surgical practice restricted by limited privileges, and even these privileges may be referred to a committee with arbitrary power of ruling from which there can be no appeal.

The medical profession is proverbially slow in interesting itself in its immediate concern, and sometimes too indifferent to do so at all. This fact stands out in evidence as the chief reason for the absence of a Federal health bureau with a secretary of health representing public health in the Cabinet to-day.

Reference has been made to the Workmen's Compensation Act, i.e., settlements for medical service, because it would seem as though it may have a bearing on similar settlements by a health insurance fund, if enacted; hence for the purpose of calling attention to the possible fact that the profession need not expect any different arrangement in its distribution, I warn you that unless some power is invoked to prevent the reading into the organic law the same or similar authority, history will likely repeat itself.

Such a possibility naturally raises the question of specific privileges to the profession, and the permission of a voice in the control and final distribution of the fund; however, both are alike vital to the medical profession and to the insured.

The proposed form presented to the State

legislatures is similar to that which has been in existence in European countries for more than a quarter of a century, and reports from these countries confirm the many statements that none as yet have proven entirely satisfactory to the people or the medical profession.

The very fact that social insurance may properly be considered an offspring of socialism and despotism, born under non-archival government, makes it a greater question as to the influence such an enactment will have in a democracy such as the United States. These facts cannot be too strongly impressed upon both the medical profession and the people, and each should be cautious in accepting a form for adoption.

The unsatisfactory history of its operation in European countries, where the many advantages are in favor of an economic administration—and where comparative absence from opposing influences tend to adapt it to the requirements of the countries, particularly Germany and Austria—brings with it a concern, akin to apprehension, and creates within us a disturbed confidence in its adoption by this country, though even if it were possible to make it, in a measure satisfactory, it would still remain incomplete in insuring for us an ideal condition.

But despite the influence of social legislation and its unsatisfactory operations in foreign countries, there remains forceful evidence that accident, health and old age insurance may still be made a distinct social uplift to many who are at present encumbered with disease and poverty, because of physical, mental and moral deficiencies.

Statistics lead us to infer that between 7% and 8% of this country's vocational population is constantly ill, many of whom, for financial reasons, deny themselves prompt medical care. The possibility of a more competent and complete arrangement for treatment with the purpose of restoring health naturally appeals to all who are interested in the rehabilitation of those physically and mentally handicapped, but the purpose of social insurance should not be solely to establish a fund that will provide proper care and protection for the insured, in hospitals, dispensaries and laboratories; it should reach much further and include social and maternity service and hygienic nursing in their homes; also the prompt supply of necessary appliances, and a general medical oversight during convalescence.

One cannot study this subject closely without realizing that good health is a well-

established asset of the State. The mere cure of a disease is of secondary importance compared with the forces and the principle involved in raising the general health standard of a community, though both are essential in the wise development of its best type of citizenship. Any form of health insurance that disregards the relief system fails in its most vital function, which function insures an added financial value, while its absence penalizes the afflicted by withholding adequate compensation in maximum relief.

The study of health insurance, therefore, cannot be considered at all comprehensive without the inclusion of the circumstantially unemployed, and the permanently invalided, and a proper understanding of the question will not fail to consider the fundamental influence of the widely different phases of the subject, and their interlocking dependencies. The assumption that idleness is largely voluntary among the willing laborers must be divorced from our understanding. It is both forced and voluntary, for the latter is in nowise comparable with the former. Forced idleness is an industrial fault and not an individual option. It is a recurrent condition of a large per cent. of willing wage-earners, whose necessities do not permit periods of idleness. The same may be said to be true of the invalided, whose disabilities are incident to sickness, accident and old age. The number of the forced idle is differently stated by different countries, and even so in our own country, varying in the latter from $\frac{1}{3}$ to $\frac{1}{4}$ of the laboring population. There is only a very small proportion of laborers sufficiently skilled to demand wages enough to bridge over the forced periods of unemployment. It is respectively estimated that about 17% in Great Britain and 18% in Germany have to be annually cared for. The foregoing would serve to paraphrase some of the difficulties to be met in applying health insurance to the conditions in this country, as our only available statistics are by the American Federation of Labor, which represents only about 10% of the employed. Summarily speaking, we are forced to the conclusion that health insurance relief, with our present provisions, would reach only a small proportion of the laboring classes, leaving the larger number still in a condition unable to meet more than daily demands, being wholly unprepared to meet the destitution that must overtake a large number of the forced unemployed. Therefore, it would seem that social insurance will fall short of either remedying or entirely reliev-

ing the causes which operate to produce the condition the insurance fund strives to eliminate—at most it can only afford a measure of relief.

Difficulties will also be met in the quest of invalidity insurance. "The German law specifies that a state of invalidity exists when the physical or mental condition of the insured person is such that he is no longer able to earn one-third the amount, which with due regard to his training and education, persons who are similarly situated and are not incapacitated physically and mentally, are customarily able to earn in the same region by their labor." In Great Britain total incapacity for work is a requirement, but if the demand is old age, the condition becomes definite. In the majority of cases old age is considered at 70 years, although circumstances make pensions obtainable in some countries at an earlier period.

Disability must be considered from the standpoint of permanent total disability and partial disability. Rubinow estimates that in the U. S. about 133 cases of the former are found in each 100,000 accident cases, and more than 4,500 of the latter class of cases, totalling in all about 5,000 pension cases for every 100,000 laborers. The German standard provides for 711 cases of permanent total disability, and more than one-tenth of the partial total disability to the 100,000 cases.

In an address like this it is impossible to go into minute details of a subject so vast in its scope and exacting in its requirements, but I would refer those of you who are interested to the various reports of the "Council on Health and Public Instruction" of the American Medical Association, and especially to the sub-committee's reports on the subject of social insurance.

Viewed from the point of condition's occasioned by hundreds of thousands of foreign immigrants concentrating in the large eastern cities, annually increasing the financial and physical burdens of the medical profession, and taxing the forces and capacity of hospitals beyond estimate, it would seem, when considering the subject of social insurance, we are in a measure preparing in our acceptance another means whereby we may take from the ever willing and proper compensation by unwittingly placing his service in the control of some who are, perchance, unscrupulous, for it now and then becomes known that many of these foreign-born citizens, to whom the physician renders charitable service, and

from whom the hospital receives only partial pay for its accommodations, control realty of no mean proportions, and possess a larger credit balance in the bank than the physician who serves them without compensation.

If the estimated number of 34,000,000 men and women engaged in industrial activities in the United States lose annually 13,400,000 days, and that incidental accidents are the cause of one-seventh the amount of destitution resulting from the sum total of their illness, the economic loss to our country through largely preventable causes amounts to billions of dollars a year; of most striking importance are the facts that it falls on those so little able to bear it, and our Government apparently takes no cognizance of the fact, all of which, when summed up, appears most astounding and baffles the imagination, leaving it without the slightest explanation as to why the Government has long looked with indifference upon such an enormous industrial and human life sacrifice.

Contrast the fact that for a number of years, through its Agricultural Department, the Government has noted and striven to remedy the loss occasioned through animal ills, industry and mortality, which loss one would scarcely think possible could surpass the industrial loss just recited, yet the amount expended in research and in promoting protecting interests of the latter is so many times greater than the former, it pales before comparison.

If the Government does not provide against the larger share of this great economic loss and establish preventive measures against the increasing human sacrifice, industry and society must.

But no financial settlement, however large, can take cognizance of the anxiety and poverty in continued invalidism, vagrancy and vicious criminalities that are bound up in the loss of health and ambition, nor of the occupational hazards, undesirable environments, economic disability and untrained labor, represented in the factors that have a part in the premiums of these unestimated losses.

Recent statements by the State Territorial Health Authority and the United States Health Service advocates that the medical benefits be placed strictly under government control, through responsible agents, whose interests would be unselfishly demonstrated toward the patients for whom cash benefits are intended, but the history of the past so strongly exhibits the Government's

lack in this and allied subjects, the suggestion lends slight encouragement to the thought of its fulfillment, whilst other agencies offer more humane and kindlier interests in the thought of immediate relief.

Having already referred to the more potent factors operating for and against the establishment of social insurance, though in no way have I exhausted its superlative claims or recalled all of its disqualifying objections, nevertheless, in closing the address I shall feel—little or much as you may be impressed with the necessity or the form of its establishment in our State—that if summoned to answer the legislative call, whether for your profession or for the people, you will have at least awakened to a knowledge of the fact that human feelings, crushed with affliction and burdened with poverty and care, cry out from beneath the grinding toils of the day, and plead for greater and more efficient assistance than either our profession or other agencies have as yet combined to give.

Therefore, if in summarizing the features set forth in what I have tried to bring before you to-night, I have correctly estimated the influences and facts as they appear, I foresee in the not far distant future not so definitely a complete and satisfactorily established social insurance—which in fact is not an insurance at all—but a satisfactory and completely established public health regulation by first nationalizing the subject through the organization of a centralizing unit in the Federal Government, with an authorized bureau in each State; with district, county and township boards throughout, all unified in one concrete co-operative plan, working to the chief end of advancing preventive medicine to a degree of efficiency whereby epidemics will no longer occur and sporadic contagions will be reduced to a minimum.

With this I would recommend the associating of the general physician with the specialist in groups—so-called group medicine—large or small as the demand requires, enlisting all under governmental regulations, as in the case of army and navy, in specified branches of practice, with associated research in each particular branch enlisting on one-fourth, one-half and full-time service. Remuneration to be according to the period and character of service, from a fund contributed by the State, the employer and the employee, to which the State shall contribute proportionately with the employer and employee.

Such a unification of the profession

would promise great results—even greater results than can now be conceived.

Gentlemen, I now leave this important subject with you for your serious consideration.

SURGICAL TREATMENT OF JOINTS*

BY GEORGE H. SEXSMITH, M. D., F.A.C.S.,
Bayonne, N. J.

To realize the importance of the articulations of the human body we have only to observe or imagine a case of ankylosis of all the joints. When a person has reached a point where he is no longer able to manipulate his joints, that is, use the various articulations, he is, so far as physical functions are concerned, little better than an inanimate body. To have even both hip, knee or elbow joints ankylosed produces an almost complete disability. If the hips and knees are affected, locomotion is next to impossible, as is the taking of a sitting position; if the disease is in the elbows, the patient's feeding or caring for himself is out of the question.

Of all parts of the body the joints were the last to receive the benefits of surgical treatment. From the time of the discovery and development of asepsis, general surgery has been practised on the soft parts of the body, including the abdominal and chest cavities, with a very great degree of success; but it was not until every other line had been developed to a high degree of efficiency that the profession turned to surgery of the bones and joints. The delay was due to two reasons: First and most important was the difficulties to be surmounted and the disastrous results (coming largely from the septic conditions that followed such operations) which rewarded the few early efforts made by surgeons in this line; the second reason was that the surgeons of the world seemed disposed and quite satisfied to confine themselves to developing the surgery of the soft parts of the body. But when this particular field became over-crowded there was a natural desire for new lines of activity, and soon men of high ideals and efficiency were able, with extreme care in asepsis, to make successful bone and joint surgery a possibility.

For our knowledge in effective bone work

we owe more to Mr. Lane of London and the late Dr. John B. Murphy of Chicago than to all other surgeons. To Dr. Murphy we are especially indebted for our success in surgery of the articulations. The one great plea that both these men have made in their writings on this particular line of work is: "The highest possible degree of asepsis."

We can say that virtually all affections of the articulations are surgical; they can be put into two classes: first, traumatic; second, infectious. The traumatic affections include (1) dislocations, (2) fractures of the bony parts entering into the formation of joints, (3) fracture or tearing, with or without dislocation of the cartilages covering the articulating ends of bones, (4) tearing or stretching of the ligaments of joints, (5) the traumatizing of the synovial membrane. It is hardly necessary to remark that in cases of dislocation we have always tearing and stretching of ligaments as well as traumatism of the synovial membrane and cartilaginous coverings, and in some cases fracture of a portion of the bones and cartilages, with the accompanying hemorrhage, always found in traumatic injuries to the body.

(1) Dislocations should be reduced as soon as possible after their occurrence; this is particularly necessary on account of the injury done by the pressure produced by the unnatural positions of the dislocated parts. The treatment adopted after reduction consists of rest, that is, immobilization, and the application of extreme heat or cold or evaporating lotions to reduce, as far as possible, the existing congestion (often improperly referred to as inflammation). This immobilization should be maintained for ten days, after which careful and judicious passive motion should be adopted.

(2) Fracture of the bony parts entering into the formation of joints should be reduced as early as possible, and if open operation is necessary it should be performed at once. The plan generally adopted in fractures of the bones away from joints of giving nature from five to ten days to recover itself and thus lessening the liability of infection is not advisable here. Unless there is prompt action in dealing with fractures extending into the joints callous will form on the fractured articulating surfaces and interfere with the free and smooth action of the joint.

(3) In so far as fractures or dislocations of the cartilages are concerned we can only take chances on their being replaced or maintaining their proper positions. Up to

*Read before the Bayonne Medical Society.

the present time we have no sure means of making a diagnosis as to the position of these parts, as even the x-ray does not give us a definite or positive picture of the existing conditions.

(4) In cases of tearing and stretching of the ligaments of the joints, it is found that nature will repair the injury if a proper period of immobilization is maintained.

(5) Traumatism of the synovial membrane always exists in dislocations or sprains of the joint, and is produced by the sudden twisting or grinding of one articular surface upon the other with such force as to bruise the membrane and cartilages. These injuries are to a greater or less extent repaired, but in many cases the articulations do not again attain that perfect smoothness which gives free and painless movements.

As a medical profession we often fail to do our duty in cases of what we term sprained or strained joints. If we insisted upon immobilization in the early stages of such injuries we would in almost every case secure recovery and there would be no interference with free action. Every sprained or strained joint should be immobilized for a period of from two to four weeks, during which time nature's reparative process will be completed. This would prevent so many cases of what is known as cracking or slipping knee joints as well as "weak ankles" and the like. A sprained ankle means a bruise of the synovial membrane and cartilages, together with a tearing of the ligaments and in many cases a breaking off of small portions of the tips of the malleoli; it should be as thoroughly immobilized, if we expect to get perfect results, as a fractured bone. How many patients complain to us of a grinding or grating sound heard in the knee joint, especially on going upstairs! These have all at some time had neglected knee injuries.

We often see a loose joint in the ankle (commonly spoken of as weak ankle) and in the knee, where there seems to be a slipping or lack of stability. These are due to improper healing of torn ligaments which at the time of the injury were not put to rest. When the healing process was completed there was left a greater length of ligaments than is normal, and this brought about a loose, unstable condition of the joint.

The most troublesome joint in the body, following traumatic injury, is probably the knee. In the late treatment of those cases which complain of pain, slipping or disability as a result of some former joint injury,

I have found that much of the pain and general discomfort can be relieved by the Bier's treatment.

In taking up the infectious conditions of the joints I would say that we have here an affection which causes ninety per cent. of the disability found in the articulations of the body. We have virtually but two forms of infection or inflammation. The first and most common is the tubercular; the second and most painful and distressing to the patient is the infection produced by the streptococcic, staphylococcic, pneumococcic and colon bacilli. This particular subject has been discussed by Dr. Murphy more thoroughly than by any other man interested in bone and joint surgery.

Our old theory as to the cause of rheumatism has been exploded. We no longer believe that this is due to a systemic condition. The old uric acid diathesis as the cause of joint inflammation is virtually never referred to by the present-day physician. We now fully realize that rheumatism is nothing more than a case of ordinary sepsis or, in the common term, blood poisoning. We always know that in our cases of follicular tonsilitis the same remedies were used as in rheumatism, and frequently with very good results, but it took us a long time to find out why the same remedy relieved both conditions. The reason was finally demonstrated by pathological examination of the secretions taken from inflamed tonsils and the fluid taken from inflamed joints, in both of which the same class of germs was found present.

The metastatic inflamed joints are due most often to infection, first, in the nasal cavities; second, in the pharynx; third, in the tonsils, and fourth, in and about the teeth. We may also have such conditions developing as a result of furuncles, carbuncles and in fact suppuration in any part of the body. For this condition we have three lines of treatment: First and most common, is the use of drugs, as salicylic acid and its derivatives as well as some coal tar products; these are used with varying success in the milder forms of joint infections commonly called rheumatism. Second, we have to-day our vaccines and serums, both commercial and autogenous, which are being used with very good results. Third is a treatment that is applicable to those cases of severe form where we have the early chill with high fever and sudden, severe pain in the joint, followed by swelling and an accumulation of fluid in the synovial sac. This form of infection if allowed to

run its course as, I am sorry to say, it generally is, will end in destruction of the synovial membrane and cartilaginous coverings of the ends of the bone with final destruction of the joint and, in time ankylosis. The following treatment for these marked cases will, if adopted early, give splendid results:

(1), Buck's extension, with the use of not less than twenty to thirty pounds of weight; (2), aspiration of the fluid in the joint to relieve tension; (3), the replacing of a part of such fluid with a two per cent. formalin in glycerine solution. This latter treatment should be repeated every twelve hours for the first three days; after this, every third day will be found sufficient. The aspiration relieves tension, which, if allowed to exist, will produce an irreparable damage—the destruction of the epithelial covering of the synovial membrane. Injecting the two per cent. formalin in glycerine acts, first, to destroy the germs present and, second, as an irritant to the tissues in the joint, producing a local leukocytosis. The Buck's extension relieves the pain caused by the contraction of the muscles that pull the parts entering into the formation of the joint in close apposition, but, most important, it prevents pressure of these surfaces upon each other in their inflamed condition, which if allowed to exist for a very great length of time will produce a sloughing of the underlying synovial membrane and cartilage, with resulting fibrous or bony ankylosis. There are two particular causes of the destruction of the epithelial covering of the synovial membrane of a joint: first, exposure to the open air; second, pressure from an excessive amount of fluid in the joint.

There are three forms of ankylosis: first, bony; second, fibrous; third, an ankylosis due to infiltration and shortening of the ligamentous bands surrounding the joint. For the fibrous or bony ankylosis of a joint there is but one plan of treatment that will give relief, and that is the use of the arthroplastic operation. For those cases produced by infiltration and shortening of the ligamentous bands surrounding the joint much can be done by the use of massage, passive motion and Bier's treatment.

Of all the joint affections the tubercular is the most disastrous to the patient and unsatisfactory to the surgeon. The difficulty of making a differential diagnosis between the ordinary infections and the tubercular invasion of the joint should not be very great. In the tubercular condition we have

slow, almost painless development, with virtually no fever, and in a large percentage of cases the history of a moderate or very slight previous injury. There is a very moderate amount of swelling and an absence of evidence of serous effusion in the early stages. Compare this with the sudden onset of symptoms in septic arthritis—chill, pain, fever, swelling and distension of the synovial sac with the accumulation of fluid—with generally no history of injury to the affected part but, instead, an account of some form of infection during the previous month in another part of the body. The diagnosis should be easy.

In the consideration of the treatment of tubercular joint affections it is necessary to divide the patients into two classes, children, that, is, persons under sixteen years of age, and adults. The classification is necessary because experience has taught the profession that in children early and complete immobilization of the joints over a long enough period gives a very large percentage of complete recoveries. Although some perfect results may be attained with patients up to twenty years, and even after this period, we do have some recoveries with ankylosis, the treatment grows less successful as our cases increase in age, from sixteen up.

As to the treatment of adults with tubercular arthritis, there is quite a diversity of opinion; but the large majority of authorities on this subject to day oppose all operations other than a radical one for the purpose of producing ankylosis. I believe that the opening of tubercular abscesses in or about the joints, with curretting of the surrounding diseased bone, has been the means of causing many deaths or an extension of the tubercular process. It is possible to have tubercular joints with discharging sinuses and causing a greater or less disability, for a long period of time and still without destruction or loss of the parts affected. To say the least, the treatment of all forms of tuberculosis of the joints, as of tuberculosis in all other parts of the body, is up to the present time exceedingly unsatisfactory.

The only other forms of joint affections coming under the physician's notice that are of any special importance and have not been classified are the syphilitic conditions. These, of course, are not surgical and belong under the head of medical cases.

In conclusion, the points that I should particularly like to emphasize are: (1), the importance of early and decisive differential

diagnosis between the tubercular and ordinary infectious conditions of the joints; (2), the two causes which have been referred to in this paper as destructive of the synovial membrane, that is, first the presence of an excessive amount of fluid, causing pressure, and, second, its exposure to the air; the first can be prevented by early and repeated aspiration in case of effusion of the joint, the latter by avoiding at all times the opening of a joint for any form of drainage; (3), early, complete and prolonged immobilization of tubercular joints in children, the time required being from one to three years; (4), greater care in the treatment of sprained joints in the way of immobilization for virtually as long as in the case of a fractured bone.

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THE UTERINE CURET IN THE TREATMENT OF SEPTIC ABORTIONS AND PUERPERAL INFECTIONS.*

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Lateral pelvic complications of gross proportions, as well as quiescent inflammatory residues so small that they escape the detection of experts, not infrequently bear a direct causative relation to the interruption of pregnancy.

In such emergencies the practitioner who entertains exaggerated views on the pathologic possibilities of retained necrotic material in the uterine cavity and by the irritative influence of a curetment anticipates that which Nature in time usually accomplishes in better form and without added risk, often excites such processes to acute inflammatory reactions resulting in superadded pelvic disease and, by no means rarely, general peritonitis and death of the patient; and the use of the curet in uterine retentions of a like character occurring as a consequence of a recent or an existing acute inflammatory process of the extra-uterine structures may not alone arrest Nature's efforts to localize a peritoneal inflammation, but open up uterine sinuses and lymphatics hitherto sealed against microbic extension, and thus become directly responsi-

ble for a more virulent type of peritoneal and constitutional involvement and other complications that tend to a fatal termination.

Exceptionally cases of the latter class develop conditions demanding posterior colpotomy and drainage. Under such circumstances a curetment with gauze drainage, or in the absence of something more promising the radical procedure of a vaginal hysterectomy may be resorted to; but unless the process is distinctly localized in the pelvis, these cases usually are of such a grave character that all measures directed toward the uterine cavity, and even the removal of the uterus itself, may prove of doubtful value at best—such treatment resulting in improvement in some cases, with a corresponding aggravation of all the symptoms in others, and a large proportion of fatalities in ultimate results.

The writer more particularly, however, desires to direct attention to those cases of incomplete discharge of the products of conception, and to saprophytic and septic processes following abortion and labor uncomplicated by extra-uterine pelvic disease.

To compare an infected puerperal uterus and its resultant offensive discharge with a sewer and its contained filth as is so frequently done in practice; and to add to this erroneous simile the statement that not unlike the latter, the former should be relieved of its necrotic structure by a resort to scrapings with a curet and antiseptic flushings, may impress those members of the profession who, owing to their busy activities in other lines of work, remain unschooled in uterine pathology; or may meet with favor among those whose clinical observations lead them to assume that all symptomatic recoveries are proofs of cures following treatment, while regarding attendant failures and the graver complications that so frequently follow this form of surgical interference as accidental coincidences that should be attributed to almost anything else rather than to the evil consequences of their good intentions.

Extending over a period of many years I have, in turn, observed and practiced all the successively recognized methods of local treatment in both complicated and uncomplicated cases from the radicalism that regarded every woman with a puerperal infection, whether septic or sapræmic, a proper subject for curetment, to the ultra-conservatism of a purely expectant plan; and while I feel that either extreme is not to be universally commended nor unequal-

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fiedly condemned—at the same time I must confess that the latter plan, with certain modifications to which attention will be directed presently, has given me the greater satisfaction in ultimate results.

In a paper published in *American Medicine*, twelve and a half years ago, I made the following observations:

"The infected puerperal uterus with retained decomposing material demands digital exploration, thorough cleansing, and disinfection by the infliction of the least possible traumatism, whatever extra-uterine or constitutional complications may be present. The day for the indiscriminate use of the sharp curet in these cases has passed. Artificial dilatation is rarely necessary, and the removal of debris with the fingers and curet forceps is usually readily accomplished. When this is followed by antiseptic irrigation and iodoform gauze drainage, all has been done that may be indicated locally. The very gentle use of a large fenestrated dull douche curet proves of additional value in some cases; and in rare instances the careful use of the sharp instrument becomes a necessity to dislodge closely adherent necrotic masses; but whenever Nature's defensive and limiting wall of invasion is forcibly broken down by undue manipulation, as is frequently done by the employment of the sharp curet, it at once opens up new avenues of attack, and gives increased opportunities for germicidal extension and systemic involvement."

Reading between the lines of this quotation, it can readily be inferred that even at this early period, the writer, from sad experiences in practice, had learned some very instructive lessons, and regarded the observations of the pathologist in this line of work as worthy of more than a passing notice; while a more extensive experience during the intervening twelve and one-half years has convinced him of the utter uselessness, and of the dangers attending the use of the curet at any time or stage of an acute puerperal infection.

The fact that the removal of a necrotic endometrium with the curet is followed by an abatement of all symptoms in a certain proportion of cases by no means disproves that repeated chills, higher temperatures, peritoneal involvement and evidences of blood infection previously absent in others, and sometimes death of the patient, occur as a consequence of the same procedure; nor do the cases with favorable outcomes after a curetment prove that the same ultimate results could not have been attained

by more conservative methods; or that, in those that terminated disastrously, more satisfactory issues could not have been secured by less radical measures.

While the exceptions are not infrequent, it is a matter of common observation that the prognosis in a patient with puerperal infection suffering from a high temperature and an offensive discharge, as a rule, is considered more favorable than in one whose temperature record and other symptoms are no worse, but in whom there is an absence of a malodorous condition of the discharge.

What is the pathologic basis in explanation of this symptomatic distinction so generally recognized by clinicians? It has been claimed that in the one the symptoms are accounted for by the presence in the circulation of toxins, the result of intra-uterine saprophytic decomposition—a localized process—while the other depends not alone upon uterine, but a blood infection, with pathogenic micro-organisms capable of indefinite multiplication and widespread organic involvement. That a saprophytic condition characterized by a necrotic offensive discharge once established, continues as an uncomplicated entity, however, has been disproved in that such processes have been found to be common harbingers and culture media for the growth and multiplication of the same pathogenic bacteria found in true blood infections. But the all-important thing to remember in this connection is that in the former microbic dissemination and blood infection are intercepted by a uterine protective barrier known to all intelligent pathologists as the "reactionary Zone of Bumm."

In general terms this consists of a layer of necrotic material lining the uterine cavity, holding within its meshes large numbers of infecting bacteria, and overlying a small-cell and leucocytic infiltration of the tissues, the so-called "zone of reaction." Few of the pathogenic organisms are found in this second layer, or reactionary zone, while the healthy structure beneath it is free from them.

In all cases of retained decomposing material, in placental site infection, as well as in arrested uterine involution, the result of infection, this reactionary zone is supposed to be present, or in the process of active formation, while in some instances it may remain imperfectly developed, and thus offer the contained micro-organisms almost as ready a route for immediate access to the circulation as in cases even where the

uterus merely acts as a carrier of the infection without itself becoming seriously involved. The presence or absence of the reactionary zone in a case of doubtful diagnosis cannot be determined clinically, nor is this necessary from the standpoint of local treatment.

It is generally conceded that in cases of true blood infection no form of intra-uterine treatment can in any way influence or prevent the spread of the morbid process, while in those cases with a uterine reactionary zone, any form of localized interference endangering its destruction exposes the patient to an auto-infection vaccination of the healthy uterine wall with coincident involvement of the circulation and a generalized reaction.

But in stating that a patient is thus exposed by a curetment, for example, it in no wise follows that all cases so treated are infected, as the disease is recognized clinically, in fact, not infrequently the removal of a necrotic endometrium is followed by a prompt relief from all symptoms.

In the present state of bacteriological and clinical studies, however, no method has been evolved by which the vitality and disease producing qualities of a given bacterium in the uterine cavity can be estimated. The presence of the same micro-organism varies in type from the most malignant, which is fatal in a few hours, to a type with symptoms so mild that in the absence of extraordinary precautions, it may escape detection; in other words, bacteriologists to-day admit their inability to differentiate the ever-changing characteristics of bacteria with certainty by any known laboratory technic, thus failing in establishing any relationship between the infecting micro-organism and the variability of the symptoms.

The structure involved in a saprophytic process with its associated pathogenic bacteria usually are discharged unaided, either enmasse, or by necrosis and molecular disintegration, and without the added risk of serious constitutional involvement; while its removal with a curet destroys the only protective barrier against the possibility of a virulent blood infection and its compromising influences on the life of the patient; and an escape from the graver consequences, or recovery from them, by no means minimizes the gravity of inflammatory complications of the deeper pelvic structures so frequently the object of surgical studies subsequently of which a very

large proportion can be traced to the ill-advised use of the uterine curet.

The infected post-abortion or puerperal uterus demands drainage, first, last, and all the time. This usually can be satisfactorily secured by raising the head of the bed; or, better still, by placing the patient in a semi-recumbent posture.

A sudden decrease or cessation of the uterine discharge with increased febrile reaction so often mistaken for microbic hæmolytic involvement not infrequently depends upon cervical obstruction and a resulting absorption of toxins, that promptly ceases upon the re-establishment of drainage. The arrested drainage in most instances is relieved by the spontaneous discharge, sooner or later, of a necrotic mass, or clots, or follows the expulsion of the offending substance by compression of the uterus through the abdominal wall.

Failing in this, it may be necessary to introduce the gloved finger, which in addition to dilating the cervical canal, displaces and facilitates the ready discharge of the detached material; while in others a necrotic mass distending or possibly protruding from the cervix, merely awaits removal by the gentle use of a placenta forceps; but violent, forcible manipulations of every description, or a resort to anything that might inflict the least traumatism, or endanger the integrity of an existing protective reactionary zone should be avoided.

The introduction of a nozzle of a syringe, even for flushing the uterus, can do no good, in the writer's opinion, and may cause positive harm. Who of you here have not noticed such flushing to be followed by a chill and higher temperature? While admitting that these reactions do not occur in all cases, they are noticed with sufficient frequency at least to raise a doubt concerning the efficacy of such treatment; and more especially because of its failure favorably to influence the symptoms in most cases.

There is one condition, however, that admits of no delay in promptly emptying the infected uterus of its contents with placenta forceps, or of removing a necrotic endometrium with the curet, followed by a firm gauze tamponade; and that is excessive hemorrhage.

Under such circumstances the treatment instituted merely is a choice of the lesser of two evils; and yet it often happens that in addition to arresting the hemorrhage, all of the evidences of the localized infection likewise subside. As already indicated, the scientific basis for such a favorable out-

come cannot be found in existing local conditions or be determined by bacteriological studies, because the same treatment in another case with corresponding manifestations may be followed by all the evidences of a virulent blood infection. But in the presence of hemorrhage of alarming severity, the indications are immediate, and must be met without considering other possibilities or remote consequences.

Recognizing the futility of the use of the uterine curet as a curative measure in undoubted blood infections, and its dangers in so-called saprophytic processes, the writer repeats that this instrument, with the single exception of its value in excessive hemorrhage, is of no use in the treatment of any form of puerperile infection, whether regarded as sapræmic, septic, or mixed.

HISTORICAL EVIDENCE OF THE ORIGIN OF SYPHILIS.*

BY JAMES H. ROSENKRANS, M. D.,
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Man's instinct for self preservation and procreation are the strongest impulses of his being. War is a disease of self preservation; venereal disease is a disease of procreation. From where sprang war and strife? The gods can only answer. From where sprang venereal disease? I can answer no better than Heironymus Fracastor did in his master piece where he blames the shepherd Syphilus for defaming the altars of the gods. It was not until 1831 that Ricord showed that gonorrhea was a distinct disease.

I will show you the origin of the word syphilis; but it was not then regarded as a venereal disease. I can prove that the disease which we now call syphilis existed from the dawn of history and did not originate in Hayti as Iwan Bloch says, or as Jonathan Hutchinson would have us believe that the disease came from America. There is an old Latin saying, "Nullus addictus jurare in verba magistri" (No one surrenders or swears to the word of the magistrate), but we find the truth ourselves.

We all agree that the function of history is to exhibit something that has happened. What was the cause of the renaissance in Europe? To this I answer by the "revival of learning" incident upon the discovery

of classical Greek and Roman literature brought back to Europe through the Moors and Saracens by way of Spain. The teachings of Aristotle came back to Europe in this round about way. About this time America was discovered and people were moving about. One must remember how history was written at that time. Think of the memoirs of Philip Comin and the diary of Pepyps—all tinged with prejudices. Is it any wonder that syphilis was called the French disease when Charles VIII. of France in 1494 had his army at Naples? Or that the French called it the Italian disease or the foes of England called it the English disease?

As for the origin of the word syphilis, I have the following proof: The Century Dictionary says, "Syphilis is a word introduced into technical use from the name of a Latin poem by Heironymus Fracastor, an Italian physician and poet who lived at Padua from 1483 to 1553, and published this poem in 1530, entitled 'Syphilus Sive Morbi Gallici libri tres and named Syphilus, a character in the poem.'" The eloquence of the language, the melody of the rhythm and the exquisite beauty of the digression stamped the poem a masterpiece. This quickly led to the general usage of the word to denote the disease. The translation of part of this poem reads: "I will sing of that terrible disease unknown to past centuries, which attacked all Europe in a day and spread itself over a part of Africa and Asia. My seduced muse permits herself to be drawn by the learned sisters of Parnassus, such as once springing from a badly extinguished focus which an imprudent shepherd left in the country, a single spark sufficient to start a conflagration. Incontestable testimony proves that it was not of strange or foreign origin and that it was not necessary to cross the ocean to arrive in our midst. My work is but a medical essay, but remember that Apollo himself did not look upon it as derogatory to his dignity divine to cultivate the healing art."

The first book of this poem of Fracastor finishes with a very modern description of the symptoms of syphilis. The second book, in its poetical way, gives the treatment and praises the gods in the highest terms for the cure which is found in mercury. The third and last book tells of the religious rites and the vengeance of Apollo on the shepherd Syphilus I will read a part.

"What are the religious rites," said he. "Who are those unfortunates gathered to-

*Read before the Academy of Medicine of Northern New Jersey; the Hudson County Medical Society and the North Hudson Physicians' Club.

gether in this place? Who is the shepherd upon whom your sacrifice has spread the blood of the victim?" "Valiant stranger," answered the king, "thou hast witnessed our annual sacrifice in honor of the sun; its origin is very ancient. Since thou hast asked to know it, I will satisfy thy wish; I will tell thee what series of misfortunes have struck us and how this scourge which now desolates us was born in our midst."

"An issue of Atlas—of Atlas our Father—whose name no doubt is not unknown to thee, our nation lived for a long time happily and cherished of the sky, as long as it honored the gods and remained faithful to their worship. But a time came, alas! in which corruption and impiety slipped in amongst us, in which the sacred altars of our fathers were devoted to contempt. The punishment of such a crime did not take long to come, for from that period dates for us a series of misfortunes which I would be unable to recite. It was at first that famous island, to which Atlas had given his name, that queen of the seas Atlantic, that a fearful cataclysm shook to its very foundation and which threw itself into the bosom of those waves which were formerly subject to its empire. Then the anger of heaven turned itself against our flocks and we saw disappear to the last young of this giant animal of which nothing has remained but a memory. As a result, we have nothing to offer to our gods but the blood of foreign victims, born under a sky which is not ours. Later on yet the anger of the gods and the vengeance of Apollo unchained upon us the terrible scourge of which thou hast seen the ravages. This disease has spread itself in all cities and very few among us escape its cruel attack. It is for the purpose of conjuring him and to propitiate him that our fathers established these expiatory sacrifices, of whose origin it remains for me to tell thee."

According to our ancient tradition, even here on the banks of this river, a shepherd of the name of Syphilus watched innumerable flocks of King Alcithous. It was the period of the solstice and Sirius threw the fire of his rays on these fields. A torrid heat burned the earth, the forests had no shade, the breeze was no longer cool, Syphilus saw his animals dying; seized with indignation, exasperated by his own sufferings, he threw to Sirius a threatening look and thus addressed the god. What! We honor thee as a father and creator of all things, we erect to thee altars, we offer to thee our incense, we sacrifice to thee our

victims without number, and this is our reward; this is the care thou takest of the flocks of my king.

He had spoken and without waiting he erected an altar on the neighboring mountain; he then rendered divine honors to Alcithous. But Sirius, whom nothing escapes, Sirius who with one look embraces the universe, could not see without indignation such sacrifices. In his anger he changes his rays with pestilential poisons and virulent miasms, which simultaneously infect the air, the earth and the water. At once on this criminal earth arises an unknown plague. Syphilus is the first attacked by it on account of having been first to profane the altars. A hideous leprosy covers his body, fearful pains torture his body and banish sleep from his eyes. Then this terrible disease, known since then among us by the name of syphilis does not take long to spread in our entire nation, not even sparing our king himself.

Now as to the origin of this unknown disease—the *Morbus Mundi* (world disease) of the ancients which I think I can prove is the syphilis of our day.

Let us consider some of the beliefs and customs of the Israelites, Greeks and Romans. Joshua after arriving in Canaan, at the bidding of Jehovah, had all the males of the children of Israel circumcised. Leviticus XIII. are the laws and tokens by which the priest is to be guided in discerning leprosy. "When a man shall have in the skin of his flesh a rising, a scab, or bright spot," he was to be brought to the priest who pronounced him unclean, or the priest shut him up that he has the plague seven days more." If there be in the bald head, or bald forehead, a white reddish sore, it is leprosy sprung up in his bald forehead. Then the priest shall look upon it, and behold, if the rising of the sore be white reddish on his bald forehead, or on his bald head, as the leprosy appeareth in the skin of the flesh, is a leprous man, he is unclean; his plague is in his head.

After Israel had destroyed in battle all the Amorites, the Moabites were "distressed, because of the children of Israel." So in despair the women took up the matter and vexed them with their wiles. Numbers XXV. "And Israel abode in Shittin and the people began to commit whoredom with daughters of Moab." And they called the people unto the sacrifices of their gods; and the people did eat and bow down to their gods; and Israel joined himself unto Baalpeor and the

anger of the Lord was kindled against Israel."

Phinehas, the priest, became the hero and "took a javelin in his hand and went after the man of Israel into the tent and thrust both of them through—the man of Israel and the woman through her belly. So the plague was stayed from the children of Israel. Those that died of the plague were twenty and four thousand."

Psalms XXXVIII: "here is no soundness of my flesh because of thine anger, neither is there any rest in my bones because of my sin. For my loins are filled with a loathsome disease and there is no soundness in my flesh. My lovers and friends stand aloof from my sores and my kinsmen stand afar off." Exodus XX.: "Visiting the iniquities of the fathers upon the children into the third and fourth generation."

I will pass over the Lingam worship in India and the Holy Trinity with Siva, one of the Trinity and his Symbols of the Lingam, the male organ, and the Holy Bull, only to relate the custom of praying to this divinity for the cure of this venereal disease. Klein professes to have proven from annals of Malabar that long before the discovery of the West Indies venereal diseases were known in the East Indies. Physicians who lived more than 900 years ago, and physicians even before then, make mention of its cure by means of mercury. Becket laid down this opinion, viz., "that under widely comprehensive notion of leprosy were included other forms of the skin diseases, owing their existence to some previous affection of the genital organs."

The mythology of the Greeks gives us the story of Priapus, and from this we can better understand the Phallic worship. The Greeks did not know much about venereal diseases, and shame and fear gave them little opportunity for observation—we find this in the meaning of the word "Pudenda." (Shame). Dr. Julius Rosenbaum in his searching and accurate work, "The Plague of Lust"—being a history of venereal disease in classical antiquity, says, "the ancients were infected with all venereal diseases as much as the Moderns."

Those writers who would claim the American origin of syphilis into Europe by the returning sailors of Columbus should consider the following facts: On December 6, 1492, Columbus with the Santa Maria and the Nina arrived at Hayti, where on Christmas Day the Santa Maria was wrecked. For the purpose of reckoning a

possible infection it is important to notice the date of arrival in Hayti, because this island is supposed to be the home of syphilis according to those who advance its origin. On January 4, 1493, Columbus set sail for Spain in the Nina, an undecked boat 40 to 50 feet long. Two days later Columbus came up on the northern coast of Hayti with the Pinta, a similar boat. In the two vessels were about fifty men, exclusive of the 10 Indians that were being carried back to Spain. From February 12 to 16 they encountered such a terrible storm in mid-ocean that they gave themselves up for lost.

In 1908 I returned from Europe passing the Azores in the same latitude where Columbus met this terrible storm. I was on board one of the large North German Lloyd steamers and the day before we arrived at the Azores, the barometer began to fail. It was a beautiful day but still the sailors were tying all the deck chairs, making everything secure and putting racks on the tables. An order was given that no one was to open port holes. To my great surprise the next day the ship began to pitch and roll from side to side. My steamer trunk flew from one end of the stateroom to the other; I rang for help to stop the trunk so that I could get out of my cabin. I could hardly get out to look at the ocean from a higher deck and when I did get there I saw waves enveloping the ship. From the crest to the trough I computed the height of the waves to be 80 feet. As the ship would plunge from side to side, the cries of fear from the women were heart-rending. If anything happened what could be done! It would be impossible to launch a small boat.

Now picture Columbus in his small boat, the forty-ton little Nina with twenty-five sailors, two months after an infection of syphilis! This superhuman seamanship would not be possible with sick men, in fact, the records say that they reached Palos alive and well.

(Bone.) The great interest in Palaeopathology and the recent openings of a rich collection in San Diego, California, through the energy of Dr. Hrdlicka, has added to our knowledge of prehistoric people. While Egypt and Peru have furnished the most important specimens, nevertheless in no bones has there been evidence of syphilis. The most frequent bone disease seems to have been arthritis and osteitis deformans. It may be of interest to know that "old

age" in hieroglyphic writing is the picture of a deformed man.

The study of the history of this disease opens up the innermost life of mankind and we are reminded of the words of Robert Burns: "But och! Mankind are unco weak and little to be trusted."

Perhaps the most marked originality of the Christian Doctrine was the stress it laid on chastity. The history of the time of St. Paul as well as to-day reveal the altruistic motive for the betterment of mankind, the example being the one pure and perfect man. It is for us to remember that we are the temples of the living God and that we can only remain so by not sacrificing to any strange or unknown gods on our altars.

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TREATMENT OF COMPLICATED GONORRHEA IN THE MALE WITH SPECIAL REFERENCE TO THE LOCAL ACTION OF DRUGS.

BY NICHOLAS RAMOS, M. D.,
Newark, N. J.

Bearing in mind the diversity of opinion as to what constitutes a complication of gonorrhea, the writer has designedly chosen a generic term, for what is considered by some as a complication is looked upon by others as a potential part of the disease, to wit: posterior urethritis is regarded by most authorities as accompanying anterior infections almost invariably, while others consider it in the light of a complication. Since the treatment does not depend so much on a technical nomenclature as on a

definite pathological entity, I shall discuss the treatment from that viewpoint.

In order to go fully into the treatment of the complications of gonorrhea I shall have to give a brief outline of the treatment of acute gonorrhea. The question naturally arises can complications be avoided and in the light of modern therapeutics may its sequelæ be forestalled? To answer this question successfully I will describe briefly the pathology of gonorrhea and compare the results of treatment of to-day with those of former years. Before doing this it will not be amiss to give a succinct description of the histology of the urethra, and name the principal organs involved in the disease.

The epithelial lining of the urethra varies in the different portions of its course. In the prostatic urethra it is made up of transitional epithelium, being a continuation of the bladder mucosa, but the layers of cells are unevenly disposed, particularly those covering the colliculus seminalis, which is thinner in some places than in others, hence the greater susceptibility to infection and greater vulnerability to instrumentation of the thinnest portions of the veru montana and the prostatic urethra. The membranous and pendulous parts of the urethra, on the other hand, consist of stratified columnar epithelium, while the navicular fossa and meatus are lined with the stratified squamous variety, which by the way is the most resistant part of the urethra to infection. The whole mucosa is supported by the tunica propria of areolar tissue. The blood vessels ramify in this layer and communicate with the cavernous spaces of the corpus spongiosum. These spaces are lined with smooth muscle fibres. From the mucosa numerous branched glands dip down into the submucous layers; some of these glands may occasionally extend into the cavernous spaces and, when diseased, may be felt as nodules in the corpus spongiosum. Besides the glands there are lacunæ present in the urethra which are merely invaginations of the mucous membrane and do not functionate as glands. The organs usually involved in complicated gonorrhea are the colliculus seminalis, utricle, ejaculatory ducts, seminal vesicles, prostate, vas deferens, epididymis and testicle. In more complicated cases the bladder, ureter, kidneys, the synovial membranes of the joints, and rarely of the viscera as the pericardium and peritoneum are involved.

The same process which governs inflam-

mation in general, governs that of the urethra, hence the stages of hypermia, exudation and resolution on one hand, or supuration and extension of the destructive process on the other. In complicated cases repair and extension of the inflammation go hand in hand. The depth and extent of the inflammation and the severity of the infection depend on the strain of organisms harboring in the urethra. Some of the organisms have a predilection for the superficial structures, while others for the deeper tissues. Traumatism is another factor that determines the extent of the infection. The pathologic process will, therefore, vary according to the variety of the predominating organism present in the urethra. At all events, the superficial structures will be red and swollen, the blood vessels dilated with consequent exudation of white cells acting as phagocytes and lymph together with red blood cells in more severe cases. The epithelial cells degenerate and desquamate as do the tissue cells. The same changes take place in the urethral glands. The urethral discharge, therefore, will be rich in cellular elements from the tissues and blood vessels, conveying the offending organisms to the surface. If uninfluenced by treatment, this stage reaches its height in about four weeks when resolution begins to set in, provided the infection has not reached the deeper tissues or the adnexa. In another two to four weeks resolution is complete, the inflamed products are for the most part absorbed, the old cells in the tissues are replaced by new ones, and the urine will be either free from shreds or will contain a few epithelial shreds and possibly some mucus shreds if the treatment is still continued, since degeneration and regeneration of epithelial cells go hand in hand and if any irritation consequent on treatment is unduly prolonged, such shreds will persist in the urine. When the infection extends to the deeper tissues and adnexa then the disease may be prolonged indefinitely, for it is so much harder to dislodge the organisms from the tissues and we may have to depend a good deal on the natural defences and resources of arresting their growth, as well as upon their own poisons liberated by them, and possibly ferments generated by the lymphocytes whereby they are destroyed. When the disease becomes chronic it is as a rule localized in various parts of the urethra and the resulting lesions may be soft or hard infiltrations, fine pinpoint granulations, polypi and cysts. These les-

ions can be readily seen through the urethroscope. Occasionally one sees a chronic follicular urethritis when hundreds of follicles are enlarged and in a suppurating condition. The infection is then general.

So much for affections caused by microorganisms. How about drugs acting on the urethral mucosa? We know both from clinical experience and laboratory research that other factors besides organisms are capable of exciting inflammation when coming in contact with the tissues, e. g., heart, electricity and irritant chemicals. We make use of this pathological phenomenon in the treatment of disease; for instance a chronic inflammation we may have to convert into an acute condition before effecting a cure. We furthermore know that the reaction in the tissues depends on the concentration of chemicals used and their length of exposure. Let us study the action of various drugs in the treatment of gonorrhea. We do not include internal remedies which are given purely empirically. Of the various drugs I shall discuss under group headings, viz.: astringents, bactericidal-antiphlogists, and irritants. Under astringents the zinc, copper and lead salts together with the vegetable astringents are included; under bactericides the various silver salts and oxycyanide of mercury. Silver nitrate is a bactericide, irritant, astringent and caustic in ascending concentrations. When used as an astringent or caustic it can be used only in the form of instillations or by direct application through an endoscope to the urethral mucosa; when used as an irrigation it acts as an irritant bactericide. The ordinary astringents like the copper salts when used in ascending strengths will act as irritants or caustics. For the average case of gonorrhea, bactericidal-antiphlogistics and irritants suffice for a cure, astringents are rarely indicated. The action of bactericides is, as the name signifies, both destructive and inhibitory to the growth of organisms, the inflammation subsides and the discharge stops. Irritants on the contrary at first exacerbate the inflammatory process and hence increase the discharge until the tissues become inured to their action, when the inflammation begins to recede and the discharge either diminishes or ceases entirely. Astringents merely tone up tissues by contracting the tissue cells and the blood vessels and are used fallaciously to check urethral discharges. They may help to diminish the discharge in the last stages of the disease

when the urethra is free from infectious matter, and only when used discreetly in extremely mild strength, for if used otherwise it acts as an irritant and will tend to perpetuate the inflammation. When irritants are continued for a greater length of time they act upon the tissues like the gonococci and in conjunction with them extend more deeply and farther into the tissues, causing at first soft, then hard infiltrations. The chemicals are capable of producing just as many varieties of lesions as the micro-organisms. This explains the greater frequency and greater severity of strictures developed from the old method of treatment by means of strongly irritating astringents.

To revert to this treatment of acute gonorrhea I shall reiterate my premised remarks, namely, that such mild bactericides be used as will directly kill the organisms without injuring the tissues. For this purpose the various organic silver salts are best suited. When after a reasonable length of time there is no abatement of the symptoms with the presence of large numbers of gonococci, then we must look for a complicating cause, either in the anterior urethra indicating a deep invasion of the tissues, or in the posterior urethra and its appendages, the prostate, vesicles, etc. When the disease is deep seated then we must resort to irritants in order to set up a deep-seated reaction and help convey the organisms to the surface. In addition to chemicals we must resort to mechanical dilatation of the urethra—preferably with Kollman's dilator. Occasionally either astringents or caustics must be directly applied through an endoscope. In other cases urethral follicles must be destroyed with the high frequency current, using Greenberg's high frequency needle through his air-dilating urethroscope. It goes without saying that, when the posterior urethra and its adnexa are infected, they must be appropriately treated by means of intravesical irrigation and prostatic massages, etc. Since the purport of this paper was rather to point out the fallacies of the old method of treatment, I did not, therefore, take up in detail the various phases of the disease, but confined myself within the limits of the therapeutic action of the most important drugs in the local treatment of the disease.

188 Market Street.

If a minister is tired after letting out a long-winded sermon he at least has the sympathy of nine-tenths of the congregation.

"IDEALS OF MEDICINE."

BY WELLS P. EAGLETON, M. D.,
Newark, N. J.

Delivered in Response to the Toast, "Ideals of Medicine," at the Banquet of the Practitioners' Club, Newark, Monday, May 7, 1917, in Honor of Dr. George R. Kent's Fifty Years of Practice.

"Means which though simple by Heaven
designed

T'alleviate the woes of humankind."

Oliver Wendell Holmes, M. D.,

I was a young graduate—a very young graduate—it was one of my early labor cases in a "nice family"—nice families were rare with me. A few days previously I had seen a monstrosity delivered. I could feel no head—in its place, I felt a depression. I became excited and asked for counsel; Dr. Kent came. I told him that we had a headless monster. He examined the woman and in withdrawing his finger brought down a leg. It was not a monster, but surely it was headless on the part presenting.

Dr. Kent laughed kindly but told no one. For this midnight adventure he received no fee, but he had relieved a suffering woman and assisted and instructed a young physician.

In medicine, our gleam—for it is but a gleam—of nature's laws, makes us conscious of our ignorance, and tolerant towards the mistakes of our fellow workers. By our code we stand or fall together. Loyalty, one to the other, is both our strength and our weakness. If a physician is honest, sincere and competent, the loyalty of his fellows stimulates him to greater effort; but if he be incompetent or inherently dishonest, our loyalty prevents or postpones his punishment.

We are in the midst of a great war—the greatest in history, and on the outcome of this war depends the ideals of medicine. Medicine is made up of individual effort, individual honesty, individual responsibility. On the battlefields of Europe is being decided whether the morality of a state shall be different from that of the individual—whether the bond made by the state shall not be as *binding* as that of an individual—yes more binding if possible, for it should be the collective honor of *all* its individuals. If these principles fail the world will be unfit for free men to live in, and the spirit of medicine must be free; it must be universal.

In 1905 I visited Chicago; medical teach-

ing was in chaos, but the treatment of each individual sick man and woman was superb. American doctors as a class have been true to their trust; they have "by means which though simple, by *Heaven* designed, alleviated the woes of humankind."

In 1902 I first visited Berlin; medical instruction was wonderful, it was systematized and available, while every encouragement for research work was offered, but the individual care of the sick was far inferior to that general in America. At that time military domination of the medical profession in Germany had already caused it to regard the sick largely as material for experimentation, for the accumulation of statistics, and only secondarily as human beings—sick people that had placed their lives, their health, their all in its keeping.

The system produced wonderful results materially—German medicine dominating the world; we thought this was scientific, but to-day we know that in its worship of material efficiency, it has lost the soul of medicine—the love of service to humanity.

In 1902, a professor of ophthalmology in Berlin, said to an American doctor who had been connected with a New York eye and ear hospital: "You came to Germany to learn eye diseases — the first thing to do is to forget all that you have learned in America." German medicine's whole attitude was that of the musician who said he did not have to demonstrate that he was the best player in the world—he admitted it.

The same mechanical, intolerant system that made a professor believe that "you must forget all that you have learned" elsewhere, made possible the invasion of Belgium *in spite* of the written word; made possible the cowardly Lusitania assassination two years ago to-night, at this very minute, American men and women were struggling in the water assassinated at the hands of an official assassin; made possible the treacherous Zimmerman note, and now, almost incredible of belief, makes possible the sinking of hospital ships in mid-ocean. Prussia's power must die. It is up to us Americans to help to kill it, or it will kill all that is fine in us as it has killed what is fine in Germany.

The true spirit of medicine, *to live*, cannot recognize a state as its overlord; a state is a human institution, created by man; the overlord of medicine must be the love of humanity, "God's part in man."

The fruits of following the ideals of

medicine are spiritual, not material, and at the end of fifty years Dr. Kent can feel that he has kept the faith; has helped the sick; has prevented suffering; has lived for that purpose; has contributed his mite.

IDEALISM IN MEDICINE.

Delivered at the Golden Jubilee of George R. Kent, M. D., held at Newark, N. J.
by the Newark Medical and Surgical Society.

HERMAN C. BLEYLE, M. D.,
Newark, N. J.

Mr. Toastmaster and Members of the Newark Medical and Surgical Society: We are gathered to-night to do honor to a comrade who has long labored in our calling and in our midst. One who has rounded out the full measure of fifty years in the service of humanity. The speaker, on account of some special reasons, perhaps feels more near to Dr. Kent than many of you can do. He is a link in the chain that binds him to the past. Over fifty years ago there was, by chance thrown together in the lecture hall of the same medical college, three students, who there contracted a friendship which has lasted half a century.

They pursued their studies and received their degree from that same institution. By another strange chance, these three students chose the same field of labor, namely, the city of Newark, N. J., and then by another strange coincidence, these men practiced their calling side by side, virtually speaking, fifty years. These three students were George R. Kent, Joshua W. Read and the speaker.

Dr. Kent has served the full time of half a century. Dr. Read was stricken only a few years ago with a fatal malady and died last month, fifty years after the conferring of his degree. The speaker lacks but a few months in the completion also of that period of service.

We have known Dr. Kent through all that time as a steadfast and loyal comrade. We have admired his upright and sterling integrity. He has rendered this long service alike with honor to himself and with honor to his calling. We have admired his earnest, kindly and patient nature, and love our comrade because he is a true man, and a true physician.

Friends: Have you ever at the close of a beautiful day viewed the glorious sunset that succeeded it? Have your eyes rested

on that myriad of colors, of orange and gold, of crimson and purple, and the thousand other intermingling shades and tints, and the heavenly halo that overspread them all? A picture which the hand of man has never been enabled to vivify on the cold and lifeless canvas. And as you gazed the shades of night were falling and forever blotted from your view this heavenly vista. You turn from it. The picture is gone, but not so the rapture it has engendered in your soul.

Just so, at the eventide of a devoted life, while words may fail us in the portrayal of its twilight beauties, yet can we retain the warmth and afterglow of its living day.

And now, comrade, our hair has whitened in this service. The blasts of many winters have beaten on us, yet have they not chilled the warmth of our hearts. As we have gone this long way of the past, let us go on the coming way, hand in hand.

May you long be preserved unto us and may memory of you always remain as green and refreshing to our hearts as is the oasis to the weary pilgrim on the desert sands.

Comrade! God be with you.

Fifty years! Our comrade has lived in the great epoch-making period of medicine. He has witnessed a greater advance in our calling than was attained in the twenty-five centuries that preceded it.

The greatest boon ever given to mankind—anæsthesia—was only placed in the hands of the profession when Dr. Kent was a small child. The second great gift—asepsis, sometimes called the twin boon, came later, and was succeeded by the third great blessing—sanitation. The science of biology was only in the embryo state when he left the lecture hall. He has lived to see its discoveries attain their great ends. The surgeon of yesterday rarely invaded any of the cavities of the body, since to do so was only to court the inevitable unfavorable result.

The wonders accomplished in the latter day surgery in the abdominal cavity alone did not even exist in the wildest dreams. In the early days of its practice it was only entered in the main in the performance of ovariectomy. In those days it was a common sight to see women go about with those immense ovarian cysts, distending their abdomens almost to the bursting point. To-day they could not walk a block without running the gauntlet of an ovariectomist.

He has seen the long roll of other accomplishments. The developing of the germ

theory of disease, the coming of the anti-toxins, the help in diagnosis by laboratory findings, the x-ray and all those other instruments of precision. His brother of yesterday had not even a clinical thermometer and his sphygmomanometer was in the tip of his finger.

He has witnessed the wonders attained by modern sanitation. He has lived to see some of the brightest pages in the history of medicine written, for on those pages are recorded its unselfish beneficence to mankind in the efforts to abrogate the field of its further existence.

He has heard its prayer—

"May all the world have health."

We are announced on your program to reply to the sentiment *idealism*. At the outset of anything we may offer we will not attempt to put into cold words any definition of the terms ideals or idealism, since to do so would only be courting the same failure that has attended the efforts of greater minds. Nor will we speak of the terms in general, but only as they pertain to medicine. We are content to accept them as a priceless heritage handed down to us from dim and shadowy past.

Are these ideals disappearing?

Are we wandering from the footsteps of our fathers? Are we departing from our idols in the pursuit of other gods, who no longer requires at our hands the sacrificial offering, or the incense of love and devotion to brother man? The gods who bring only gold to our purse, but no solace to our hearts?

God forbid that these ideals should ever be wrested from us, and that our calling shall seek no higher level than that which **marks the selfish pursuits of man.**

The story of medicine is the story of idealism. heroism and martyrdom—of love, mercy and humanity.

Its errand of mercy is rendered with equal fidelity in heat and cold, in storm and sunshine, in the by-ways and slums as in the stately mansion, on the frontiers, in the **backwoods** and on the mountainsides, as in the teeming cities, in the hospital, prison, on shipboard, on the battlefield and in the pestilential camp, carried through fire, flood and famine. The story of the long vigil and of the nerve rack and strain that comes from the weight of the grave responsibilities imposed can never be told.

The annals of our calling are replete with the story of heroism. To-day our brothers are demonstrating that fact on the

blood-soaked fields of Europe. Four hundred surgeons have offered up their lives in the battles of the Somme alone; and these were non-combatants.

He who wields the sword and leads to the slaughter is acclaimed the hero, but he who humbly follows in the battle's wake and strives to wipe away the story of blood and carnage is but scantily mentioned. But he cares nought for that. He is not on the field to share in the glories of the battle. On that field he knows no foe. He is there arrayed in the white robe and with the crimson cross of mercy. He is there with a story, deeply graven in his heart—the story of the deed that was enacted on the road that leads down from Jerusalem unto Jericho. He may be there through fealty to ruler or patriotism to country, but he is, nevertheless, there on a higher order than ever emanated from Kaiser, King or Czar—the order that was thundered from Olivet's Mount and has rolled down the ages since:

"Love thy neighbor as thou dost thyself."

Whose heart is not touched with the sublime courage of Larrey on the steps of the Hotel Dieu, who with his own hands held back the blood-thirsty mob in the terrible revolution of '98, bent on the destruction of that hospital and injury to its inmates, or of Dupuytren before the gates of the invalides who interposed his own body before a like infuriated mob bent on the same purpose.

The heroism of Walter Reed and the martyrdom of Jesse W. Lazear, the latter of whom sacrificed his life in demonstrating the fact of the communicability of yellow fever through the mosquito's bite. Of Macgruder who went from these shores and gave up his life in the pestilential typhus camps of Serbia. Of Howard Taylor Ricketts, who gave up his life while making investigations in the typhus visitation in Mexico and who contracted that disease in his line of duty.

A few years ago in an adjoining county a country doctor—than whom no more devoted men exist—was aroused in the dead of night and on one of the coldest nights of a century, and implored to render service to an engineer of the railroad that ran through his town. The engineer had been found on the floor of the cab of his engine, unconscious and seriously injured. The doctor was not a well man; he was the victim of a serious heart malady; he was in no condition to go on that errand. He might have deputed that service to a younger and more physically able man. He did not do

so because he considered he would be recreant to his calling if he did that, and so he went out into the night and cold on what to him proved a fateful errand. He reached the engineer and recognized the serious nature of his injuries, and knowing the futility of any service he could render there, he ordered his removal to the nearside hospital. The ambulance was slow in responding. The minutes dragged into the hour, and the hour was doubled before it finally came. The doctor remained with his patient in all the terrible cold of that night, with his heart growing momentarily weaker and then accompanied him to the hospital. He had hardly reached that institution when he sank into the arms of his confreres, dead. All honor to John P. Hecht of Somerville.

Whose heart is not touched with compassion at the martyrdom of that young physician of Vienna, who in making laboratory research in bubonic plague, accidentally inoculated himself with that virus. Horror stricken with the certainty of the doom that awaited him, in that moment thought not of himself, but of his brother man. Knowing that in a few hours his body would be the reeking pestilential mass that would endanger the world, he closed and locked the door so that no one could enter. He wrote a pathetic letter to his parents, pasted it on the inside of the window so they could read, but not handle it and resignedly faced the end. And there alone, with no kind hand to minister to his wants and no tender voice whispering in his ear, he faced his Maker.

"He who findeth his life shall lose it, but he who loseth it for Me, shall find it."

What leads the toilers of our calling to immolate themselves on this altar of humanity? What prompts the loving heart throb for brother man? What actuates them in their endeavors to still his every anguish and wipe away his every tear?

It is the soul, the spirit of the calling; the spirit that is above the toiler and that lifts the toiler above himself; and the stream which has seeped down through the ages, made of the tears of man, has borne on its flow, thus hallowed burden unto the toiler of to-day.

Oh! it is the story that cannot be written by the cold unfeeling pen; it is written only in the hearts of the true toilers.

He who enters this calling and is not im-

bued with its spirit will labor only in a barren field.

He must bring into this work the spirit of consecration to its high and holy aims. He must leave on this work not alone the imprint of his hand, but the imprint of his soul.

Unfitted if he carries not in his heart the feeling of love for brother man and mercy for his human pangs. If he bears not charity to cover his weaknesses, nor brings hope for his despair. Unfitted if in his heart there beats no single chord, responsive to all that is grand and noble, all that is devoted and humble, that goes with willing servitude to brother man.

Weary indeed would be his path if on its way he never stretched forth his arm to raise his fallen, as well as his stricken brother. Weary if in his heart there never came the yearning, "Oh! that we like the sainted Luke of old" could also be "The Beloved Physician."

Weary, indeed, if in his work his heart was not upheld by the hope in the blessed promise of Him who was "The Great Physician" when he said, "Inasmuch as ye have done it to one of these, the least of my brethren, ye have done it unto Me."

Oh, there would be little incentive for the rendering of the unrequited service to God's children were it not for the faith and hope that for doing the same there would be written beside his name some mark when he faces God's bar, in the morning—in the morning.

"For none but the Master shall praise us,
And none but the Master shall blame,
And none shall work for money—
None shall work for fame.
But each for the joy of the working,
And each in his separate star
Shall draw the thing as He sees it
For the God of things as they are."

"Even as the hammer blows and the heat and fire augment the qualities and give the ring and temper to true steel, just so are the sacrifices and exactions, the hammer blows that enhance the nobility of your calling."

This is idealism, and my brothers all, it was only the practice of these ideals that placed on your calling the diadem:
"Noblest of them all."

Beware of the man whose debts don't worry him. He probably would swipe your umbrella if he saw it in the vestibule of a church.—
Exchange.

REVIEW OF FIFTY YEARS' PRACTICE OF MEDICINE.

BY GEORGE R. KENT, M. D.,
Newark, N. J.

Presented at the Golden Jubilee held in Newark by the Medical and Surgical Society of Newark, June, 1917.

Permit me to say to you, my friends and fellow members of the Medical and Surgical Society, that I am deeply grateful to each and everyone of you for this expression of your friendship and esteem towards me.

I shall not attempt to enter into any lengthy discussion of the subject of medicine in general, but simply give a short talk of the changes which have taken place during the last fifty years of my life, and try to draw some conclusion therefrom.

I will therefore start from the year 1862—the year of my graduation from Old Genesee College, which afterward formed the nucleus of the present Syracuse University. After teaching school one year I began the study of medicine in the City of Rochester under the supervision of Dr. Henry W. Dean, a leading physician of that city, who at that time was at the head of the City Hospital. I began my work in the hospital when Dr. Rider was house physician and surgeon, studying under him, and doing whatever work he could entrust to my care.

In the fall of 1864 I was advised by Dr. Dean to take a course in anatomy, physiology, chemistry and materia medica at the University of Buffalo. After completing the term at the university I returned to Rochester where I resumed my work in the hospital. The following fall the United States Government sent about seventy-five soldiers from the front for treatment. A number of these soldiers developed typhoid fever. This necessitated an extra amount of work through this and exposure. I contracted that disease and was sick for several weeks, thereby giving up my plans which were to go to Bellevue Medical College to attend lectures. I finally recovered and Dr. Dean advised me to remain another year in order to recuperate my health. I remained in the City Hospital until 1865, when I commenced my two years' course at Bellevue.

The experience I received in the Rochester City Hospital proved of inestimable value to me in after years. My stay at Bellevue was two years, under the instruction of the distinguished men connected

with that institution. It is wholly unnecessary for me to tell you how much I enjoyed the lectures by Drs. Flint, Sr. and Jr., Hamilton, Sayre, Wood, Barker, Smith, Van Buren and others.

During my first year in Bellevue I formed the acquaintance of my esteemed friend, Dr. Bleyle. An acquaintance which has ripened with the passing years, and I sincerely hope and trust that we may all be spared another year to celebrate his fiftieth anniversary which will occur at that time.

Among others I remember with great pleasure Dr. J. W. Read, who recently passed on to his reward, after an illness lasting several years, and the late Dr. Jos. D. Bryant, a country lad, who remained in New York after graduation, and afterwards became a professor of surgery in Bellevue Medical College.

During the time of my stay at Bellevue, Dr. Charles Young was an interne at Bellevue Hospital. He has been confined to his bed for several years with slowly progressing illness. The late Dr. J. C. Young was also an interne at Bellevue, also my highly-esteemed friend Dr. George A. Van Wageningen who is present with us this evening. Among other graduates of Bellevue Medical College were Drs. Charles F. Underwood, T. Y. Sutphen, H. C. H. Herold, E. M. Lyon and many others.

After graduating in March, 1867, the momentous question presented itself to me where should I locate. After reaching home and resting a few days I took a trip to Rochester to visit my old hospital friends, at the same time I visited my old friend Dr. Dean. He told me that he would be delighted to aid me all that he could if I would secure an office near him. A few days later I went to Walworth, my old school town, and called upon Dr. R. M. Sutphen, whom many of you present remember. He asked me what I was going to do. I informed him that I was considering Dr. Dean's advice. He asked me how I would like to go to Newark, N. J., to practise medicine. The idea struck me as something novel, but the more I thought of it the more favorably it impressed me. He told me that he was seriously considering the question of moving to Newark. Finally I told him I would go, and I immediately began making preparation to go with him. In due time we started for Newark. On our arrival we found that moving day was April 1st instead of May 1st. We finally settled at the corner of Broad and Orange streets,

and established our office there. We bought what furniture we needed, hung out our shingle and proceeded to await developments. We certainly had our full share of waiting. I remember distinctly of one man who always boasted of being my first patient. I am still waiting for returns from that source. At the end of the first month my income was \$1 cash. Dr. Sutphen did his share of work. After about six months he purchased a home at the corner of Camp and Orchard streets, I remaining up town. At the end of the year I moved to 394 Broad street. It proved to be a very fortunate move for me. My nearest medical neighbor being Dr. Wm. A. Smith who had a large practice and frequently sent me patients, especially at night. After five years I moved to 8th avenue, where I have remained ever since. My business steadily increased as the years passed by. During those years I have formed many warm friends and acquaintances, some of whom are living to-day, but the most of them have passed on to the great unknown. At that time Newark had a population of about 70,000 people.

During my first year in Newark the State Medical Society met at the Old Library building on Market street. I had the privilege of meeting many distinguished men from all over the State at that meeting. During my first year I joined the Essex County Medical Society and have been a member ever since. I was also a member of the old Newark Medical Association composed of such men as Drs. O'Gorman, Cross, Woodhull, Milton Baldwin, Isaac A. Nichols, Edward Nichols, Herman Lehlbach, Charles J. Kipp and a host of others, many of them men of marked ability.

There was another medical association called the Essex Medical Union, of which our friend Dr. Bleyle was a member, also the Drs. Wm. Pierson, Sr. and Jr., of Orange, Drs. Coles and Dodd and many others. At that time there were no hospitals in the City of Newark, the nearest approach to one being the Old Newark Dispensary. Dr. Isaac A. Nichols was health officer, which position he held until his death. I have in my possession a letter from him thanking me for attendance at the dispensary for a number of years. We had also at that time district physicians who looked after the sick poor, and sent there prescriptions to the dispensary to be compounded by a regular pharmacist.

A short time after we came here St. Mi-

chael's Hospital was started through the labors of Dr. Elliott, Sr. Not long after that St. Barnabas Hospital was organized, and later on the German Hospital; then came the City Hospital, containing not only a large number of patients but now contains also the bacteriological and pathological departments and an x-ray department, and a beautiful home for nurses.

Later on there was established in the city a Home for Crippled Children, Babies' Hospital, St. James' Hospital, an Isolation Hospital for contagious diseases, a Home for Incurables, Home for the Friendless and many other private hospitals. To-day our city dispensary is second to none of its size in the country, the Board of Health with its large staff of attendants looking after the sanitary conditions of the city.

Fifty years ago our water supply was very poor, and now it is one of the best in the country. Our milk supply through the untiring efforts of the late Dr. H. C. Coit, who attained an international reputation, is one of the best in the country.

All these show what a half-a-century has accomplished.

FIFTY YEARS AGO.

No greater pleasure has been given to man than that of retrospection. All of us instinctively look forward, predict our future in our conceit, and speculate as to what it is to be. We tell our patients what we can do for them. This is pride, because we know naught of the future. In the same way we look back over our work and conditions that have existed. We analyze our errors. We make stepping-stones of our mistakes. We elevate ourselves on our seeming successes. We individualize with the feeling that *we* did things, and it was *our* work, forgetting that the great web of social life has had a marked influence on all happenings.

The young man just out of college knows and recollects solely what his professor has told him. To him it is dogmatism. All else he hears and sees is heterodox, to be doubted and disputed because his professor says so. After a few years in practice the young man rises in meeting and with firm voice disputes with the grey-heads, because he has had five, six, or ten or twenty cases, for that to him seems sufficient, or he may have been influenced by some clever book, or perhaps by the last drug agent.

But when we get on to fifty years of practice then do we have a chance to sanely ex-

amine and judge of things in our retrospection. Then do we have the infinite pleasure of comparison between conditions fifty years ago and now, of numerous cases more or less similar, each one helping to solve the other. Sometimes it has taken fifty years of study, experience and thought to explain our very first case.

The youths of to-day little comprehend, even though told, the conditions which existed in the 60's. Hospitals were few, most of them for the poor, and they were called "charity" hospitals. They were poorly constructed, with small windows, inadequate ventilation, and the foul discharges and lack of kindly and sympathetic care, with drunken orderlies and many a "Sara Gamp" in the wards. Dante's inscription over the entrance to the nether abode was written in the public mind over each door. The entrance was uninviting, the halls dark and dismal. Strange noises, foul odors, etc., came from each part of the building. Deaths were frequent and those who recovered brought home to their friends most unhappy tales.

Superstition ran amuck, and the public had a fear, and rightly so, of medicine and what there was in those days of surgery. Respect for the medical profession was at a minimum. A young student who failed in many ideals was sure of his diploma if his father could pay the professor's fee. Doctors were made by the wholesale, but all were not competent.

Medicine also was at a low grade, and perhaps the doctor of the day was but little better than the average woman with a large family and a fund of common sense. If we to-day feel that good nursing is as valuable as ordinary doctoring, certainly in those days a good nurse was often far superior to the physician.

The present dispensary is a relic of the past. We use less than one per cent. of that which it contains to-day, but at that time everything was employed. We had all kinds of tinctures, wines, and extracts. The front of the drug store was shining with bottles, each one being often used in the compounding of prescriptions.

As we look over this condition it does seem as if the inspiration Harnemann had of the deity in each atom was unconsciously duplicated in the mind of the then physician and laity that each bottle was a divinity, because every patient felt there was a cure for every condition. The doctors would sit solemnly with the patient and compromise

themselves in the writing of prescriptions made up of those "divine" drugs for the ailment complained of, thereby morally committing themselves to the cure.

But one by one most of these idols have been broken, and we still have the graveyard with its numerous gravestones as exploited in our National Dispensatory, the great majority of the medicaments being buried there, and, we are glad to say, most of them forgotten.

To read over the story of fifty years ago to the young man fresh from one of our modern scientific schools is to make him laugh at our credulity. He smiles at the pathology as well as the therapy, which to us at one time were thoroughly believable.

But, as our idols diminished, as our faith in things material was taken away from us a type of agnosticism developed for a short period. From cure-alls we went to cure-nothings. Then two therapies came into their own, one of which had been waiting many a century for proper appreciation, i. e., preventive medicine and surgery, the former going back at least 5,000 years. Preventive medicine did not please either the profession or the public because as medicine was closely knit to religion we had to have something for faith. To-day public hygiene has attained a tremendous impetus, so that instead of curing typhoid fever with a concoction of our idols we started in to prevent it. Instead of curing smallpox we had already vaccinated for it. Instead of curing tuberculosis we went back to Nature, and it was not long before we found that the only success coming to our patient was when we knew what Nature was doing and aided her in her work, and without this Nature and without this effort we were obstructionists, taking upon ourselves a glory which was not our due.

In the '60's through the consecutive efforts of Pasteur, Tyndell and Lister there was developed a method of treatment of wounds, (first those made by accident, then those made by the surgeon), which made major surgery possible and safe. Immediately there disappeared from the hospital wards those terrible complications of septic inflammation, erysipelas, gangrene, pus, etc., and in their place we found clean healing and comfortable convalescence. Courage came to the surgeon and his boundaries were gradually enlarged.

The technique of the '60's and '70's was as elaborate as that of any ritualistic church but gradually we have turned away from the idols we built them and have come down

to a simplicity of surgical work which puts operative surgery in the hands of all those who desire to accomplish it.

But the conditions of the older days developed big minds. All through history we note remarkable mentalities made so by the incumbrances of the times and the opposition of the ever-present jealous man. Besides the superstitions existing fifty years ago, the practitioner was hampered by the smallness of the community. He had to drive a horse with blinds on his eyes and ride in a two-wheeled chaise, if perchance he did not have to go on the saddle. He had to carry his own drug store with him. He was dependent for counsel largely on those in the neighborhood. To be successful he had to be thoughtful. He had to meditate. It was up to him to solve his own problems. He could not send specimens to the laboratory, for there was none. He could not call for x-rays, for such a thing had not been heard of. The aids to diagnostics we have to-day had not yet been dreamed of.

We find also in the literature of the past that which makes us greatly admire much of the work done. Let any one read the writings of Benjamin Rush of Philadelphia and he will note the brain, the accurate powers of observation, judicial thought and felicity of expression. Gross, whose life is a repetition of that of Lincoln, began as a poor boy, was ambitious, studied and worked; started in, failed; studied some more; started again and this time succeeded. He was a wonderful observer, great collaborator, and an accurate student, and if we could have his works published to-day they would be on every doctor's shelf. Reeves, a student of anesthesia, has most masterful articles in the journals. His wonderful symposium published in 1867, a medical review of the several works and reports issued at that time, states the proposition as distinctly as anything written to-day. His findings, predictions and explanations of anesthesia have been little bettered by the men of the present time.

Bartholow's review on disinfection, going over the numerous researches and analytical articles, should be read by every man who even to-day wants to be abreast of his times. Curiously, we find him quoting Ezra M. Hunt, the father of our good friend of Metuchen: "Where well-regulated heat and perfect ventilation can be secured, we are in possession of all needed disinfecting powers under usual, or, we should say, under all circumstances, especially if

perfect cleanliness of room, bedding, clothing and person be added, excepting, perhaps, where a number of diseased persons are crowded together. In the latter case, the only disinfectant to be depended upon is the separation of the sick, and placing them in a pure, dry atmosphere of a proper temperature." Can the Newark Department of Health improve on that? Have they not waited fifty years to try out the experiment which Hunt said was a fact?

Then there is Austin Flint, to my mind the most wonderful practitioner of medicine this country or any other country has ever produced. His book is neglected now, but if any physician will read it carefully he will find his sentences short yet each one conveying a truth. Few there are who can comprehend the wealth of information in it, for a book gives you only what you know, and as experiences grow so does such a book as Flint's.

We might cite many more examples of bright minds, of men who through hard work, application and scientific attitude reached beyond the common crowd, and sometimes I feel, they were better for having been unhampered by aids. Is not the young man of to-day going to be of smaller stature because he fails to ponder long, think seriously, or hypnotize himself as he draws out the symptoms and makes his history but sends specimens to the laboratory and accepts the diagnosis received from there?

Every man lives in "God's Country." Every man's farm is the best. Every man's life seems to him the best. Every man's time is the "golden age." But fifty years ago we had giants. Fifty years ago conditions developed. Fifty years ago men had to strive to be successful and they strove and succeeded and left a wonderful impress on advancing medicine. We look upon their work as a foundation. We cannot judge ourselves, but perhaps we are not as great as we think we are.

County Medical Societies' Reports

BURLINGTON COUNTY.

H. Eugenia Whitehead, M. D., Reporter.

A regular meeting of the Burlington County Medical Society was held on Wednesday, June 20th, at the Metropolitan Inn, Burlington, N. J., with about thirty members present. Minutes of the last meeting were read and approved, and while there was no report from the National Defense nor Tuberculosis committees, both are understood to be progressing finely.

Dr. Stuart R. Maul, chairman Section on Surgery, announced the following program:

"The Diagnosis of Surgical Diseases of the Kidneys," by Dr. A. Haines Lippincott, Camden; "The X-ray as an Aid in Diagnosis of Renal Disease," by Dr. Joseph P. Roberts of Camden; "The Treatment of Surgical Diseases of the Kidney," by Dr. Paul M. Mecray of Camden.

X-ray plates were exhibited by Dr. Roberts, which were both interesting and instructive.

These subjects were fully discussed by members of the society and personal experiences were given.

It was announced that the United States Army Medical Examining Board for New Jersey, composed of Major D. A. Kraker, Newark; Capt. J. MacDonald Jr., East Orange; Lieutenant J. C. McCoy, Paterson, and Lieutenant Gurney Williams, Atlantic City, will attend a meeting of the Burlington County Medical Society to be held in Mount Holly on June 29th, for the purpose of recommending commissions for physicians in the Medical Reserve Corps of the U. S. Army. 17,000 physicians are required now and all doctors are most cordially invited to attend the meeting and meet this board. The medical examining board has the power to recommend commissions to physicians as first lieutenant, captain and major, drawing the respective pay of \$2,000, \$2,400 and \$3,000 a year.

About 3 P. M. we sojourned to the dining room and enjoyed a sumptuous repast.

CAMDEN COUNTY.

Grafton E. Day, M. D., Reporter.

The annual social meeting of the Camden County Medical Society, at which the wife, mother, sister and sweetheart are invited guests, was held in February, and was most thoroughly enjoyed by the members and said invited guests. Mrs. A. H. Lippincott most delightfully entertained in her inimitable way and everybody had a good time renewing friendships, making new acquaintances, dancing, etc.

The May meeting was held on May 8th with Dr. Chevalier Jackson as essayist, who most entertainingly and instructively, with lantern demonstrations, showed us his excellent work. "Bronchoscopy and Oesophagoscopy," was lucidly set forth and his accomplishment in removing foreign bodies, tumors, etc., from the trachea and oesophagus without open operation elicited the admiration and applause of his audience.

A resolution favoring national prohibition of the manufacture and sale of alcoholic beverages during the war was unanimously adopted and a copy sent to President Wilson.

HUNTERDON COUNTY.

Morris H. Leaver, M. D., Reporter.

The Hunterdon County Medical Society met on April 24th with Dr. O. D. Gary of Ringoes in the chair. Among the visitors present were Dr. Benj. V. D. Hedges of Plainfield, Major David A. Kraker, M. D., of Newark and Captain Joseph MacDonald, M. D., of East Orange.

Major Kraker gave a talk on the history and duties of the members of the Medical Officers' Reserve Corps, U. S. Army.

Captain MacDonald made a patriotic address in the course of which he asked for volunteers for service with the corps.

Under reports of sections, Dr. Isadore Topkins reported a case of ectopic gestation in which the only symptoms were pain and collapse. At operation the rupture was found on the side opposite the pain.

Dr. L. T. Salmon, the chairman of the section on practice, reported several cases of antero-sclerosis occurring in the same family. Some discussion was had on the use of paraffin oil and vaseline in constipation. Dr. Topkins gave the history of three fatal cases of lobar pneumonia, also a case of appendicitis without pain but with a "belly full of pus." He also reported a case of a four-year-old child who developed a hernia of the rectus and appendicitis following a kick in the abdomen by a cow. The other sections did not report.

Upon motion of Dr. A. H. Coleman it was ordered that this society endorses the movement for the conservation of food stuffs.

MIDDLESEX COUNTY.

Herbert W. Nafey, M. D., Reporter.

The regular monthly meeting of the Middlesex County Medical Society was held May 16th at the home of the president, Dr. C. A. Hoffer, in Metuchen.

The regular business was transacted, including a resolution that the practice of each member who is called into the government service shall be kept intact by those who remain at home and fifty per cent. of the income therefrom shall be turned over to the absentee's family; where medicine is furnished the patient, or sixty per cent. where medicine is not furnished.

A most instructive paper was read by Dr. Fisher of Philadelphia on the subject "The Curette in the Treatment of Abortions." The speaker reviewed the pathology of the septic uterus following abortion, emphasizing the process by which nature attempts to limit the spread of infection by the production of a limiting membrane, over the walls of the interior of the uterus. If pathogenic organisms pass this barrier a septicaemia results from which fatal terminations are almost the rule. If this barrier prevents the escape of organisms from the uterus into the blood stream, we have merely a toxemia, resulting from the absorption of toxic products. Dr. Fisher maintains that this toxemia requires nothing but rest in bed in the sitting posture to effect a cure. At times he thinks one is justified in dilating the cervix and inserting the gloved finger to facilitate the removal of retained clots or foetal remains. No instruments of any kind, however, is necessary in these cases. The use of the curette is contraindicated in all such cases. Its use, he said, cannot be too strongly condemned. In his experience it has only served to convert a simple toxemia into a most dangerous bacteremia by destroying nature's protective barrier and permitting pathogenic organisms to reach the blood stream.

The only condition in which the use of the curette is justified in the speaker's opinion, is hemorrhage. Here it may be necessary to remove clots or retained foetal membranes by means of the curette but in no other.

The discussion brought out many obscure points on the actual method of treatment and the author's opinion on many methods now ordinarily practiced. Following this discussion the meeting adjourned, the members being escorted to the dining room where an elaborate dinner was served.

A unanimous vote of thanks was given to Dr. and Mrs. Hofer for their hospitality.

MORRIS COUNTY.

E. Moore Fisher, M. D., Reporter.

The Morris County Medical Society held its regular quarterly meeting at the Mansion House, Morristown, on the evening of June 19th at eighty-thirty. In the absence of the president, Dr. Clifford Mills, vice-president, presided.

Dr. G. K. Dickinson of Jersey City opened a discussion on tuberculosis. He said that throughout the State numerous counties had established hospitals for the treatment of tuberculosis but in many of them a great deal of trouble had obtained because of politics entering into the appointment of officials. There was also a lack of co-operation between the general practitioner and those conducting the hospitals; many of the hospitals not receiving one curable case in a year. He felt that the control of tuberculosis must come through education and the bettering of social conditions; that many of the cases had their origin in poverty, frequently associated with the abuse of alcohol; that with regard to the tenement, laws must be passed and enforced which would prevent a great deal of the present overcrowding. The doctor also referred to the fact that numerous clinics had been established in Hudson County and he felt that, if anything, the clinics were of more value than a hospital for the isolation of cases. Men or women with slight coughs and children who did not do well should be carefully examined by trained physicians and advice should be given as to the best methods of living.

Before closing Dr. Dickinson introduced Dr. R. S. Pollak in charge of the Hudson County Hospital for Tuberculosis at Laurel Hill. Dr. Pollak said he thought it was universally agreed that tuberculosis was the result of an infection in the same way as measles and scarlet fever were. He said that tuberculosis might be divided into three stages: First, the primary one where infection found a lodging place; second, the manifestations present in childhood when the skin and bones were involved; and third, the pulmonary stage when the lungs were affected. The segregation of those in the third stage, or open cases, would remove those who might infect children and in this way prevent new cases of the disease. In addition to the clinic spoken of by Dr. Dickinson and the improvement of tenements, he felt that there should be a great deal done along lines of social service by which doctors, nurses and others able to give instruction would visit the homes and assist in educating the families.

Dr. A. E. Carpenter, who had been instrumental in having Drs. Dickinson and Pollak address the meeting, said that in Morris County the doctors could not make any complaints about the manner in which they received aid from the Freeholders; that they had given

those in charge of the county hospital every assistance possible and had recently voted \$40,000 for the erection of a nurses' home so that the nurses and other help would have quarters out of the hospital proper which would give them more room to be used in caring for those coming to the hospital. He said that on the 20th of July they planned a reception at the county hospital and hoped all the physicians who possibly could, would be present.

Among others taking part in the discussion were Drs. Flagge, Vaughan and Evans.

Dr. Dickinson in closing said that the early symptoms that should be looked after and which should make the physician suspicious that he was dealing with a person infected with tuberculosis were: First, the cough; second, lassitude; and third, the afternoon rise of temperature. Any person who was found to have a difference of 2° in the morning and afternoon temperatures, if no other condition than this were found, should be looked upon as a suspected case of tuberculosis.

Dr. Vaughan, chairman of the Committee for Taking Care of Physicians' Practice who may be called to war, introduced the following resolutions:

First: The physician from this county entering the United States service during the war shall furnish a list of his patients or families whom he has treated during the past year to the secretary of the medical society.

Second: Our secretary shall send a card announcing his enlistment and saying to his patients and families that he recommends several physicians in or near the locality who will look after them while their doctor is away and that the doctor's family will receive 50 per cent. of the fee.

Third: Upon the doctor's return after the war the secretary shall again notify the patients or families that he is at home and request them, in view of his patriotism and loyalty to his country, to re-employ him when needed.

Fourth: The physicians of this society will give their professional service to families of soldiers and sailor in the service during the war.

These resolutions were carried unanimously.

A resolution was also adopted that the society should see that any of its members enlisting for the war should be carried as members of the society for the protection of widows and orphans of the medical men of New Jersey.

Dr. Mills, chairman of the Committee on Syphilis in Morris County, introduced a resolution that the Freeholders should be requested to provide free treatment to persons affected with syphilis in the county and that if the three hospitals in Morris County would undertake the work that clinics should be established there for the examination of suspected persons and the treatment of those found to be afflicted with syphilis.

The following preambles and resolutions were also introduced and carried unanimously:

Whereas, The government of the United States and its people are at war with Germany, which besides its many horrors, bringing to the civilized world serious inconvenience; and

Whereas, It is necessary, wise and proper that every precaution should be made to protect our soldiers in the time of this unprecedented conflict; and

Whereas, That dire disease syphilis has and always does follow armies of conflict; and

Whereas, A certain important remedy, Salvarsan, used for the prevention and treatment of syphilis is next to impossible to procure under the existing conditions and is sold at a price that is almost prohibitive even to the wealthy when it can be obtained, owing to the fact that its formula and manufacture are protected by letters of patent registered with the United States Government at Washington; and

Whereas, The German Government foreseeing the oncoming of this war has protected its soldiers by the use of this and similar agencies; and

Whereas, There comes to us information from credible sources that France, England and the entente allies did not take such precautions and that their soldiers have become infected to an alarming degree; and

Whereas, It being within the power and knowledge of our chemists to manufacture this and closely similar remedial agencies for the protection of the American soldiers; therefore be it

Resolved, That it is the sense of this, the Morris County Medical Society, in regular meeting assembled, that the letters patent registered by a German Corporation be abrogated or annulled permanently in the interest of the health of all who need such treatment and the welfare and integrity of our American soldiers who are to fight in support of the most magnificent principles that ever actuated one country to go to war with another; and be it further

Resolved, That a copy of these preambles and resolutions be forwarded to Surgeon General Gorgas of the United States Army and Surgeon General Blue of the United States Navy and to the Governor of the Commonwealth of New Jersey.

Dr. James A. Campbell gave the society a history of a number of cases he recently treated with syphilodol and his results as reported were very encouraging. All of his laboratory work had been done at the Research Laboratories of the Board of Health of the city of New York and the seven or eight cases reported, Wassermann's had changed in every case but one from four plus to negative after treatment of various lengths of time. He offered the suggestion that this drug be given a fair trial and said it was recommended by Fournier, Metchinkouf, Roux and other leaders in the treatment of syphilis. He said that in view of the fact that salvarsan and neo-salvarsan were so difficult to procure and so expensive that a drug which could give such good results and came so well recommended was of distinct value to the physicians at this time.

Major David A. Kraker, M. D., Dr. John C. McCoy and Dr. Joseph McDonald, addressed the meeting at length on the necessity of physicians volunteering for commissions during the war. Physicians were needed now and would be in constantly growing demand during the time that the army was being trained and also when they enter upon active service. They said that so far the responses of physicians had been slow but that in a time like this every one must be prepared to make sacrifices and this included physicians and their families. Dr. Kraker said in his experience

he had not found that his practice was lessened by his service at the Mexican border but, if anything, had largely increased after his return.

Seven or eight physicians from Morris County have received commissions, others have made application and one or two have been rejected as over age or physically unfit.

PASSAIC COUNTY.

Orville R. Hagen, M. D., Reporter.

A regular meeting of the Passaic County Medical Society was held April 10, 1917, in the Braun Building.

Dr. Thomas A. Dingman of Paterson read a paper on "Pylorectomy for Malignant Disease of the Stomach," showing cases and x-ray plates taken before and after operation.

Dr. Jacob Roemer exhibited an excellent series of stereopticon x-ray plates of tuberculosis of the lungs, demonstrating the early diagnostic value of the x-ray.

The remainder of the evening was devoted to discussion concerning the Medical Reserve Corps. Dr. John C. McCoy made a report on the work of that organization and of the work of the State Society's committee in the organization of the medical profession of New Jersey.

Dr. J. A. Maclay offered a resolution upholding the policy of the President of the United States and swearing loyalty to our country and flag, which was signed by every member present. Ways and means were then discussed for the care of the practices of men who had or would enlist during their absence and one motion Dr. Neer, the president, appointed a committee of five to consider the matter and report plans to be adopted at the May meeting.

SALEM COUNTY.

Norman H. Bassett, M. D., Reporter.

The regular meeting of the Salem County Medical Society was held at the Nelson House, Salem, N. J., on May 2nd, 1917.

Dr. Joseph M. Husted, president, presided. The regular business of the meeting was followed by an address by Captain Clarence P. Franklin, M. D., who spoke on the subject of "Medical Work and Preparedness in Time of War."

Local Medical Societies.

Associated Physicians of Montclair and Vicinity

At the annual meeting of this society, held May 28, 1917, Dr. George A. Shepard of New York City read the paper of the evening on "Otology as it Concerns the General Practitioner."

The following officers were elected for the ensuing year:

President, Dr. Richard Cole Newton, Montclair; vice-president, Leslie C. Love, Montclair; secretary, Dr. Brown Morgan, Bloomfield; treasurer, Dr. Robert F. Ringland, Montclair; historian, Dr. Henry Wallace, Glen Ridge.

Clinical Society of the Oranges.

Walter B. Mount, M. D., Secretary.

A regular meeting of the Clinical Society of

the Oranges was held on Monday evening, April 2, 1917, at the home of Dr. A. Chamberlain in Maplewood. Dr. G. A. McLellan occupied the chair and all the members were present except Dr. McCroskery. Dr. A. H. Taylor of Maplewood was the only guest.

Dr. J. E. Parker read a paper on "Pneumonia," and the discussion was continued by Drs. Seidler, Chamberlain, Muta, Ringland and Adams.

Dr. Chamberlain completed his report of the case of cystic degeneration of the chorion mentioned at the last meeting. Ten days after the emptying of the uterus hysterectomy was performed and two very large ovaries were removed, which were found to be cystic throughout with hardly any ovarian tissue left. Before operation masses were felt in the pelvis alongside the uterus. According to MacCallum these enlarged, cystic ovaries are not malignant and not metastatic, but supposedly caused by corpus luteum cysts which stimulate the development of the chorion, or may be stimulated by it.

Dr. Adams reported a case where shortly following an abortion a double ovariectomy was performed and two very large, hard, cystic ovaries removed which were malignant. The patient died in two years.

Dr. Adams also reported a case of multiple bullet wounds of the back in a private who charged at a machine gun and had 48 bullets in a straight line in the back between the shoulders. He also had several pieces of shrapnel in his body.

Dr. Warner remarked that in this war all the wounded have multiple wounds and almost all caused by shrapnel. In burns good results and much relief from pain had been obtained with paraffine and with wax.

Meeting of June 4, 1917.

A regular meeting of the Clinical Society of the Oranges was held on Monday, June 4th, 1917, at the home of Dr. Mount in Montclair. Called to order at 9.35 P. M., Dr. McLellan in the chair. The members present were Drs. Adams, Buvinger, Chamberlain, McLellan, Mount, Muta, Parker, Riggins, Ringland, Seidler and Smith. Dr. Ewing of Upper Montclair was the only guest present. Two letters were read from Mr. T. Dudley Ballinger, Health Officer of the city of Orange, urging action in regard to a clerk in the employ of the Orange Board of Health. After full discussion it was resolved that a committee of two be appointed to look into the matter, with power, and the chair appointed Drs. Adams and Riggins on this committee.

The paper of the evening was by Dr. Buvinger on "Eye Injuries" and was followed by a general discussion.

Under reports of interesting cases, Dr. Ringland reported a case of diverticulum of the oesophagus who was getting 1500 calories daily through the stomach tube, had gained 15 pounds in four weeks and was going to business.

Dr. Adams reported a herniotomy in a man of 30 who had a tuberculosis of the spine, and was a heavy drinker and smoker. At the age of 8 an appendix abscess had been opened and drained, and a hernia of the scar had developed. This was prolonged down into the scrotum and there simulated an inguinal hernia. On operation the colon was a little adherent

around the wound. He passed large amounts of gas but became increasingly distended. There was no vomiting and he was hungry. There was no muscular rigidity but a peritoneal rigidity, so that a second operation was considered. There were many fecal movements, mostly involuntary, at one time 15 in 24 hours. These contained no blood or mucus. A stomach tube did not remove any gas. At one time his general condition was very poor. The rectal tube came up against resistance 5 inches from the anus. Pituitrin and eserine produced no change. Sherry, brandy and cigarettes were allowed, and adrenalin minims x given every two hours; and 18 hours later the abdomen grew smaller. Then formed fecal movements were passed several times daily, he ate everything and felt very well. The distension remained, probably due merely to a relaxation. The diagnosis was volvulus with a coil of intestine pressing against the rectum.

Dr. Muta reported a case of tuberculous abscess in a girl of 27 who 8 years ago had been operated on for tuberculous peritonitis. A mass about the hip suggested a tuberculous hip, but x-ray showed no tuberculosis of the hip or spine. The evening temperature ran between 99½ and 100. A right rectus incision showed an enormous mass extending from the symphysis pubis to the liver and wholly extra-peritoneal. Typical tuberculous pus was evacuated by trocar. The abscess was still draining. The patient was doing well. It was not a true psoas abscess but probably originated in the mesenteric glands. Dr. Adams remarked that he had never seen a psoas abscess which did not extend into the thigh.

Dr. Muta reported a case of Addison's disease benefited by adrenalin solution by the mouth, 10 minims relieving marked dyspnoea for several hours. Tablets containing adrenalin did not act. There was marked loss of muscular tone and a weak rapid pulse.

Dr. Riggins reported a case of quinsy with much swelling low down in the neck, brawny and tender. On the third day the brawniness disappeared but there was marked dyspnoea and dysphagia, weakness, absolute inability to swallow even water. The low quinsy pointed toward the glottis. It was not incised for fear of injuring blood vessels. Rectal feedings were used, the foot of the bed was elevated and adrenalin sprays and throat irrigations were used. On the fourth day it opened spontaneously and drained well. On this day a septic broncho-pneumonia developed with solidification of the other lobe. The temperature was from 104½ to 108 and for four days never below 106. On the fifth day of the pneumonia it dropped to 103 in 4 hours, there were crepitant rales and the pneumonia was clearing up. Then the temperature shot up to 108 9/10 and the patient died of a general septicaemia with no extension of the pneumonia.

Dr. Chamberlain reported a case of peritonsillar abscess which pointed upward and separated the mucous membrane of the roof of the mouth from the bone, pointing almost at the teeth.

Summit Medical Society.

William J. Lamson, M. D., Secretary.

The secretary announced that there was an cal Society was held at the Highland Club on

Friday, April 27, 1917, at 8.30 P. M., Dr. M. C. Smalley entertaining and Dr. Josiah Meigh in the chair.

Present—Drs. English, Hamill, Jones Keeney, Lamson, Meigh, Molster, Morris, Pollard, Smalley, Tweddell and Wolfe, and Drs. Tator of Summit, Ross of Bernardsville and Douglass, Mial, Lewis and Evans of Morristown as guests.

The regular meeting of the Summit Medi-assessment of \$1.00 for current expenses. Dr. Walter A. Reiter of Summit was unanimously elected to membership in the society.

The paper of the evening was read by Dr. Britton D. Evans of Morris Plains on "The Care of the Insane." It was a strong plea for increasing the facilities for the care of the insane of the State, who number about 9,000 and who are at present very inadequately provided for. In Morris Plains, e. g., there are 1,000 more patients than can be properly taken care of, and this has reduced the percentage of recoveries from 36 per cent to 16 per cent.

Dr. Evans gave an account of the steps taken to secure legislation along this line, the net result to date being the purchase of 500 acres in Annandale, Hunterdon County, costing about \$60,000, but no further appropriation is yet in sight. He urged that the physicians of the State use their influence to get the needed legislation accomplished, which shall provide adequately for the care of these defectives.

Meeting of May 25, 1917.

The regular meeting of the Summit Medical Society was held at the Highland Club on Friday, May 25, at 8.30 P. M., Dr. J. E. Pollard entertaining and Dr. W. J. Jaquith in the chair.

Present—Drs. Baker, Bowles, Campbell, English, Jaquith, Keeney, Krauss, Lamson, Meigh, Molster, Pollard, Smalley, Tweddell and Wolfe, and Drs. Bensley and Tator of Summit as guests.

The secretary announced an extra assessment of \$1.00 to meet current expenses. He also announced that the Highland Club would hereafter make a charge of \$4.00 for the use of the rooms by the society for their monthly meetings.

The paper of the evening was read by Dr. Eugene H. Pool of New York City, on "Thyroid Disease." He described the various types of disease in the gland, and divided them into two great divisions, simple goitre and exophthalmic goitre. In the simple goitre there are two main subgroups: A, the diffuse symmetrical, consisting mostly of colloid material, and B, localized assymetrical, consisting of adenomatous or cystic growths, which may be single or multiple. The indications for operation in these conditions are pressure, deformity or discomfort, malignancy and toxemia. It is important to remember that toxic symptoms develop late (after 12 to 14 years), and slowly, and that there is no exophthalmos. Various operations may be done for relief, such as extirpation of one lobe, resection of the anterior portions of both lobes, enucleation, eventeration or incision of cysts.

In exophthalmic goitre we get a true hyperplasia with toxemia, developing rapidly, with secondary changes in other organs. The treatment is largely medical—rest, food, icebag, bromides, etc., organo-therapy and x-ray.

Many demand surgical relief, such as partial thyroidectomy, ligation of vessels, injection of boiling water, etc. The mortality is low, about 4 per cent. in the Mayo Clinic, and the relief often is striking.

The paper was illustrated by lantern slides. Adjournment and refreshments followed.

The Practitioners' Club, Newark.

M. Royal Whitenack, M. D., Secretary.

The Practitioners' Club of Newark, N. J., celebrated May 7th, 1917, a Golden Jubilee Banquet in honor of one of its members, Dr. George R. Kent, who had completed fifty years in the practice of medicine, and had endeared himself to both patients and brothers in the profession. Dr. William S. Disbrow, as toastmaster, and Dr. H. J. F. Wallhauser, as chairman of entertainment committee, performed in their usual inimitable manner. Speeches were confined to Dr. Kent's old friends in the club; and on behalf of the club, an engrossed set of resolutions were presented by Drs. Bleyle and Staehlin.

Preceding the banquet, the annual business meeting was held, with the election of Dr. E. W. Murray, president; Dr. E. Jeh Hawkes, vice-president, and Dr. M. Royal Whitenack, secretary and treasurers.

William Pierson Medical Library Association. A. R. Chamberlain, M. D., Secretary-Treasurer.

The following is the report of the committee appointed by the William Pierson Medical Library Association on Protective Action for the medical men who enlist. The report was adopted at a meeting of the Association held April 21, 1917. Dr. Mefford Runyon, president:

1st—We propose the formation of an organization of the medical men of Essex County, outside of Newark, for the purpose of caring for the practice of those of our membership who may join the military forces of the nation.

2nd—This organization to be known as the William Pierson Medical War Committee.

3rd—This organization shall have an Executive Committee composed of one man from each municipality, a president and a paid executive secretary. The management of the affairs of this organization shall be in the hands of the Executive Committee.

4th—The executive secretary shall have an office at such a place as may be designated by the Committee and her duty shall be to keep a record of the work done, to make collections and to turn over the fees at stated intervals and to make a full report to the doctor on his return home.

5th—When a physician leaves home to go to his post of duty he should notify his patients and give them a list of the physicians who are members of this organization, asking them to send their calls either to his own office or to the secretary's office and to explain what physician they want to attend them.

6th—Patients should also be requested to report to the doctor who is called that he or she is the patient of the absent physician.

7th—The doctor's office should notify the secretary's office of such calls for the purpose of keeping a record, and the physicians who are acting as substitutes should be requested to report to the secretary the services

they have rendered and the amounts charged. Bills should be sent out monthly by the secretary and a proper card index kept. The expenses of the secretary's office should be met by an annual membership fee of \$5.00.

It shall be the duty of all physicians to relinquish to the doctor when he returns, all of his practice that he may have had personal contact with.

8th—A circular embodying the details of this organization and containing a list of its members should be sent to the public press and to the clientele of each physician.

9th—A division of the fee received shall be upon the following basis, for services rendered: Sixty per cent. shall be turned over to the absent physician and forty per cent. retained by the physician rendering the service.

(We are compelled to defer insertion till next month of an excellent lengthy report of the Clinical Society of the Elizabeth General Hospital.—Editor.)

Miscellaneous Items.

Association of American Teachers of the Diseases of Children.

This organization held its eleventh annual meeting at the Plaza Hotel, New York, June 4, 1917, under the presidency of Dr. L. R. De-Buys of New Orleans. The officers elected for the ensuing year are: President, Dr. John Lovett Morse of Boston; Senator at Large, Dr. H. W. McClanahan of Omaha; Secretary, Dr. Edgar P. Copeland of Washington, D. C., and Treasurer, Dr. H. Lowenbarg of Philadelphia.

National Board of Medical Examiners.

The second examination to be given by the board will be held in Washington, D. C., June 13, 1917. The examination will last about one week. A successful applicant may enter the Reserve Corps of either the army or navy without further professional examination if their examination papers are satisfactory to a board of examiners of these services.

Address Dr. J. S. Rodman, 2106 Walnut street, Philadelphia.

Medicos Graduate.—At the 163rd commencement of Columbia University, New York, on June 6, the degree of doctor of medicine was conferred on ninety graduates of the College of Physicians and Surgeons.

New York University, at its 85th commencement on June 6, graduated sixty-four students who had completed that course at the University and Bellevue Hospital Medical College and for the first time in its history conferred the degree of doctor of public health on six physicians. Because of war conditions, however, all degrees were conferred in the absence of the recipients, and it was announced that the University, in view of the fact that the class had given up the display of graduation, had voted to send into service an ambulance to be known as the "Ambulance of New York University, Class of 1917."

Twenty-five students of medicine were graduated from the Medical College of South Carolina, Charleston, on May 31. Several members of the class completed their work three months ago and are already in active service.

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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

NOTE—The transaction of business will be expedited, and prompt attention secured, if,—

All papers, news items, reports for publication and any matters of medical or scientific interest, are sent direct to THE EDITOR.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL are sent direct to THE CHAIRMAN OF THE PUBLICATION COMMITTEE.



OUR COUNTRY'S CALLS.

LIBERAL RESPONSE IN MONEY;

INADEQUATE RESPONSE IN MEN.

The U. S. Government called for \$2,000,000,000 of subscriptions to the Liberty Bonds and the people subscribed over three billions of dollars. They believed in sustaining their government and at the same time made a wise, safe investment.

The American Red Cross Society asked for GIFTS to the amount of \$100,000,000 and the people gave about \$120,000,000. They believed in the splendid work the Red Cross is doing for our country and its patriotic defenders and they will continue to give while there is need to the extent of their ability.

There is still the call for men—more men. Adjutant General Cain recently sent out the following:

“ENLIST NOW!

“The President calls you!

“The country needs you!

“Come on you loyal Americans and let's help free the world, that our children may live in peace.”

Our country needs 500 New Jersey doctors for the army and navy. About 250 have responded. Are YOU one of them? If not, and you are between 21 and 55 years of age, will you respond? Drs. Kraker, MacDonald, McCoy and others of the Medical Reserve Corps are visiting our county societies soliciting volunteers with considerable success, but they still need many more. Do not wait to be drafted.

At the birth of our Nation the Medical Society of New Jersey for six years held no meetings because nearly all its members were enlisted in the Revolutionary War. Our national life is now threatened and the welfare of humanity throughout the world is endangered. Over 1,000 of our 1,730 members to-day are eligible for their country's service. Let the patriotic spirit of the founders of our society and of our Nation call forth the 500 doctors that New Jersey is asked to supply for our present war needs and thereby demonstrate that we are worthy sons of noble and patriotic sires.

OUR ANNUAL MEETING.

The arrival of late matter which should have insertion in this month's Journal compels us to omit a somewhat full account of our recent annual meeting at Atlantic City; we give instead a brief outline.

We had expected a small attendance on account of the A. M. A. meeting in New York City during the preceding week but we were agreeable surprised to find that our attendance was larger than usual—nearly 500, including guests, having been enrolled. The business of the House of Delegates was transacted with more than usual care and dispatch and the scientific program proved to be one of unusual excellence. The President's and Third Vice-President's addresses, the Orations in Medicine and Surgery were much praised for their practical and scientific values; indeed all the papers presented were exceedingly interesting and instructive.

The meeting was also characterized by a decided spirit of patriotism. The patriotic address of Prof. Victor C. Vaughan, of Ann Arbor, Mich., which supplemented his oration in medicine, and the lengthy and thrilling illustrated address of Dr. Rosalie S. Morton of New York on the war work abroad, contributed largely to that phase of our meeting. The action of the Board of Trustees, endorsed heartily and unanimously by the Society, sustaining the U. S. Government and appropriating from the funds

on hand \$1,000 to the Red Cross Society, \$1,000 to the relief of the Belgian baby sufferers and investing \$2,000 additional in Liberty Bonds, gave most practical evidence of our Society's loyalty.

The banquet was a great success enjoyed by all, the addresses by Governor Edge of our State and of Rev. Dr. Ferris of Baltimore, Md., were most excellent and the stereopticon and moving picture exhibition, which followed, was exceptionally fine. All seemed pleased with the Hotel Chelsea and President Marvel and the local committee of arrangements deserved much credit for the meeting's success.

DR EVANS HONORED.

We call attention to the report inserted elsewhere of the dinner given to Dr. Britton D. Evans in honor of the completion of his quarter of a century of service as medical director of the State Hospital at Morris Plains. It is not necessary for us to say more than that no State institution in New Jersey has had a more faithful head than that at Morris Plains and none has reflected greater credit and honor on our State. It was eminently proper that Dr. Evans' long and efficient service, that has so largely contributed to the institution's high standing should be recognized especially when we recall the fact that the best possible results of his work have been hindered by an overcrowding of the hospital during the hospital's later years of about 1,000 inmates beyond its normal capacity.

DR. STRASSER'S ABSENCE.

It is with mingled feelings of sincere regret over our loss and of deep appreciation of patriotic devotion, that we call attention to the absence of the chairman of the Publication Committee—Dr. August A. Strasser, who in response to our country's call offered his services and has been commissioned as an officer in the Medical Corps of our army. Never has our Society had a more competent and faithful officer. Our Publication Committee, hoping that his army medical service will not long be required, asked him to retain his position as chairman. Secretary Gray and the Journal's Editor to have charge of the work, assisted by Dr. Strasser's brother—Lawyer O. J. Strasser—who had rendered our chairman most valuable assistance and has kindly offered to continue serving the committee for his brother's sake and with that assistance we rest assured that the Journal will suffer no material loss.

We deeply regret to hear as the Journal goes to press of Dr. Strasser's sickness at Fort Oglethorpe. We express our own and our entire membership's wishes for the doctor's health, safety, success and early return to his good work among us.

We send out with the Journal this month the Official List of Officers and Members of the Society. A few names have been enrolled since it was printed which will appear in next month's Journal.

Red Cross Nurses.

The number of nurses called into active service since the beginning of the war has been:

Army: With base hospitals, 389; otherwise,	26	415
Navy: In hospitals		65

480

All the nurses sent to Europe have been completely equipped with uniform and personal equipment at the expense of the American Red Cross.

Summit's Ambulance Unit Accepted.

Dr. William H. Lawrence, general manager of Overlook Hospital has received word from Washington that the Summit Ambulance Company of 100 men, of which he is the captain, has been accepted by the government for service abroad. The company will be known as Ambulance Company 33, and its membership will be recruited to 120 or 125, if possible, before it is called into the government service.

Dr. Lawrence, who organized the company, will head it in person, having obtained leave of absence for the duration of the war from his duties at Overlook. His duties will be assumed by the Overlook medical board. In the company are four other physicians and a dental surgeon. They are: Dr. N. G. Bensley, surgeon at Overlook; Chief Medical Director Wilson of the Travelers' Life Insurance Company; Dr. John King Adams of Orange, Dr. James Dunn of New York and Dr. Charles R. Riveley, surgeon dentist, of Summit. Health Officer Thomas J. Duffield and Assistant Health Officer Nicols, about fifty young men of Summit and others from that section of the State have been enrolled.

17,000 Doctors Still Needed; New Jersey Should Supply Her Quota.

The Medical Examining Board, composed of Major D. A. Kraker, president, of Newark; Captain Jos. MacDonald Jr., secretary, of East Orange; First Lieutenant John C. McCoy of Paterson, and First Lieutenant Garney Williams of Atlantic City, is meeting with the County Medical Societies of New Jersey.

The board will examine all who offer their services in the Medical Reserve Corps of the U. S. Army, and will recommend commissions to those who pass as first lieutenant, captain or major, drawing the pay respectively of \$2,000, \$2,400 and \$3,000 a year.

(We have not been able to learn how many have responded and been accepted at the time this issue of the Journal goes to press. While many have received commissions there is still need of many more.—Editor.)

DINNER IN HONOR OF DR. GEORGE R. KENT.

Fifty Years Practice of Medicine.

The Medical and Surgical Society of Newark gave a dinner in honor of Dr. George R. Kent on his completion of fifty years' service as a medical practitioner in Newark at the Washington on the evening of May 17, 1917. More than seventy-five physicians and other hosts of Newark and vicinity gathered to show their appreciation of the man and his work.

After the dinner Dr. Charles D. Bennett, for many years a colleague of Dr. Kent, entered upon his duties as toastmaster by proposing a toast, followed by the singing of "America," to President Wilson, in which was expressed the hope that he may prove "not the leader of any party, coterie or sect, but the friend and President" of all his people. Of Dr. Kent he averred that life to him was always worth living. He instanced his twenty-nine years as treasurer of the Society for the Relief of the Widows and Orphans of Medical Men of New Jersey.

First to speak in praise of Dr. Kent was Dr. C. R. O'Crowley, vice-president of the Newark Medical and Surgical Society.

Dr. Herman C. Bleyle of Newark, a practitioner in that city for forty-nine years, was then introduced and gave a stirring address on Ideals of Medicine.

During Dr. Kent's service, Dr. Bleyle pointed out the man whom he loved, "because he is a real man," had seen the greatest epoch of medicine—marked by the discovery of anesthesia, asepsis, modern sanitation and surgery. He jocosely stated that, while fifty years ago, major operations were practically unknown, "the surgeon of to-day turns to the abdominal cavity as a sort of recreation ground."

See Dr. Bleyle's address on page—

Dr. Gordon K. Dickinson of Jersey City followed and his subject was "Individuality Cures." He eloquently portrayed the honor guest as a man of extreme sympathy, who possessed to a marked degree the "nature which at the bedside cures."

Rev. Dr. Ralph B. Umy, pastor of the Centenary Methodist Episcopal Church, of which Dr. Kent was the president of its board of trustees. He spoke of the medical profession—once identical with the priesthood—as having gone forward hand in hand with the ministry in outgrowing superstition and prejudice; that in both professions service is the measure and criterion of success. He paid a glowing tribute to Dr. Kent's worth and faithfulness.

Dr. David C. English of New Brunswick spoke of Dr. Kent as a splendid example of the old-time family physician who had kept abreast of the profession's progress in the science and art of medicine. He did not agree with the statement that the family physician was passing away, but he feared that the family itself—as a blessed institution—was passing away in these days of fads, of social unrest and rush for the almighty dollar. With

an incidental dig at birth-control, Dr. English declared entry upon the great war would mean in the end a greater America.

Prof. Charles F. Kent, M. D., of Yale University, a nephew of Dr. G. R. Kent, made an eloquent address, and he was followed by Judge Jay Ten Eyck of Newark in a brief address on Dr. Kent's life and work.

Dr. George R. Kent, the honor guest, after thankfully replying to the addresses, gave an intensely interesting review of his fifty years as a practitioner. His address will be found on another page in this issue of the Journal.

Complimentary Banquet Tendered to Dr. Britton D. Evans, Medical Director, the New Jersey State Hospital at Morris Plains, in Recognition of Twenty-five Years' Service, at Robert Treat Hotel, Newark, June 2nd, 1917.

E. Moore Fisher, M. D., Morris Co. Reporter.

On the evening of June 2nd, 1917, some of the many friends of Dr. Britton D. Evans, medical director of the New Jersey State Hospital at Morris Plains, gave him a banquet at the Robert Treat Hotel, Newark, in honor of the completion of twenty-five years' service at the above institution. More than two hundred were able to be present and take part in the event. While many of the guests were from New Jersey and came from all parts of the State, friends and admirers were present from New York, and his professional brothers, especially those associated with him in the work of psychiatry, came from many distant States of the Union; those from New Jersey represented many walks of life, the two most largely represented being the legal and medical professions.

Hon. Robert H. McCarter, toastmaster, in his opening remarks, asked the question: "What could equal the occasion when a man's rivals and associates together with his friends gather around the festive board to do honor to one they call a friend." He referred briefly to the way in which the institution at Morris Plains had grown during the doctor's connection with it and also to the numerous legal cases in which he had been associated with the doctor.

Hon. Thomas J. Hillery, Ex-State Senator from Morris County, referred to the fact that he had during the years he was in the Legislature come frequently in touch with Dr. Evans, especially when the doctor was asking for numerous necessary appropriations for improvements for the hospital. He also stated that as the hospital was situated in the county in which he had always resided and he had always taken a great interest in it; had been a frequent visitor to it, and always felt sure that if he took visitors to the institution they could never find anything that could be adversely criticised because of the manner in which the institution was conducted. He felt that all the institution asked for was needed and had always been pleased to help them in the efforts to get the money for the many much-needed improvements. He also referred to the many medico-legal cases the doctor had taken part in, both in New Jersey, New York and the Federal courts, and referred to the fact that the cases in New York had added distinction to New Jersey and the medical

profession of this State; that while adding to the prestige of New Jersey, they also had shown the quality of the man. In closing, the Senator said the guests were assembled to "honor a man who is entitled to distinction." Senator Hillery presented Dr. Evans with a large silver loving cup from the guests assembled, on one side of which was an etching of the front of the main building of the institution and on the other side an etching of the doctor himself, together with a suitable engraving. He also presented the doctor with a diamond ring "from those who were unable to be present on the occasion," these being the numerous nurses and others associated with Dr. Evans at the State institution.

In response Dr. Evans said that he was unable to express very much of what he felt in his heart; he said in part: "These tokens may be burned or may be swept from sight, but the recollection of your appreciation and regard will last while life still throbs and memory persists; the occasion represents twenty-five years of service and vigor and twenty-five years nearer the time when I must relinquish my duties; the presence of so many friends shows that I have gained the appreciation of many that I met in the large work with which I am associated; from my work I have one great comfort in the fact that I have entertained certain ideas and convictions and have endeavored to support them in my professional career and in my relations with my friends; Shakespeare says that 'the evil men do lives after them'; but I firmly believe also that the good men do continues after they have given up the work. I believe that everyone should work along lines that will leave the work so accomplished that it can be judged favorably by posterity. Those for whom I work are members of afflicted humanity who are unable to do anything for themselves or be present here or at places where they could ask for anything for themselves. When the time comes for me to relinquish my duties I shall do so with the consciousness of having faithfully performed the duties that fell to my task."

Former Assemblyman Hon. James Baker before presenting a handsome silver mounted cane to the doctor, amused his friends with a speech in which small words were a rarity and seldom ever used for connecting one thought with another. He expressed the hope that it would be many moons before the doctor needed the cane, which a small circle of intimate friends wished to remember him by.

Attorney General, Hon. John W. Wescott, told of the difference between the expert physician and the ordinary general practitioner, but said that he had learned that both were necessary and filled a certain important niche; that while medicine was a science, the scientific application of medical principles was an art, so that the two were blended in physicians most advanced and that it is because we recognize that rare quality in the guest of the evening that we are here to-night. The expert has an almost divine instinct and sees in a few minutes points that the average practitioner may have overlooked; the great expert frequently snatches life from death and in the medical profession is always at command of those with less training or experience who might be designated the more general mem-

bers of the profession. He said further, that he recently considered writing a letter to Dr. Evans asking him if he had a cure for the "brain storm" of the pacifists, of those with conscientious scruples, the slackers and what-not, but I did not send the letter because I knew that his answer would be "hang 'em."

Dr. Walter B. Johnson said that he had known Dr. Evans almost from the time he took up his duties at Morris Plains; that he met him first at a meeting of the New Jersey Medical Society and like many others of those who had met the doctor he had become sincerely attached to him. He spoke of the many improvements, that the doctor had introduced, more especially of the Training School for Nurses and the great work which this had done in making better the care of the insane. He further stated that his interest in the institution was such that he frequently visited it both in a professional and social way and he could easily see the marked improvement that had taken place in connection with the more careful training of the nurses; he also felt that the removing of restraint and many of the fences which had been present when the doctor took charge, and which made the institution resemble a prison, had done a great deal towards helping the cheerfulness of many patients under the care of Dr. Evans. Dr. Johnson further said that after a man had served the State twenty-five years in such a satisfactory manner, that legislators should listen to any advice he gave them and should be guided by him in allowing sufficient money for any improvements that were asked; that there was no doubt that in an increase from 939 patients to the over 2,600 now present a great deal of overcrowding had taken place and he felt that it was only justice to the wards of the State that money should be voted to overcome this, either by the building of a new institution or new buildings in connection with the already established hospital.

Former Senator, Hon. James E. Martine, who was introduced as a "Farmer and sometime Statesman," declared that he was quite willing to take to himself the title of "Farmer Jim," especially now since it had become the fashion nearly every one, including gentlemen and ladies, to be farmers and dig in their own gardens and grounds. He referred to the fact that he frequently visited the Morris Plains institution and knew Dr. Evans' real worth and he felt that the doctor should be—and he was glad that he had been—recognized with such unbounded enthusiasm. He referred to the guest as being the "model man of a model institution" and said he often dropped in to see the doctor and advise with him and "I did not go as a patient either, although any number of my fellow citizens thought I ought to be one, but I have kept firm to my convictions, and think that the November election proved that there was much mental aberration here in the State of New Jersey." Senator Martine ended his address with an appeal for patriotic instincts and said that we should always support the President; he was indeed proud to say that New Jersey had never been behind other States in patriotism; that we needed undivided nationality never as now, as we were in the war to win and this might mean the need of every man of the country and every means which the country possesses.

Sussex County Leads in Number of Doctors Enlisting.

Sussex County is said to lead the counties of New Jersey, if not the United States, so far as enlistments to the medical corps is concerned. Nearly one-third of the members of the Sussex County Medical Society have volunteered, as follows:

Dr. Blase Cole of Newton, now at Fort Oglethorpe, Ga.; Dr. H. E. Riddel of Branchville, Dr. Henry J. Harp of Sussex, Dr. A. N. Jacobs of Sparta, Dr. Thomas L. Pellet and Dr. Joseph G. Coleman of Hamburg.

Mobilizing the Medical Reserve Corps.

During the week ending June 16, there were recommended to the adjutant-general of the army for commissions in the Medical Reserve Corps, 1,032 medical officers, including ten majors, 117 captains and 905 lieutenants. From April 21 to June 16, 4,026 physicians have been recommended for commissions.

American Red Cross Army Base Hospitals.

Thirty-eight of these hospitals have been planned by the leading hospitals and medical schools of the country; six have already sailed and four are under orders to sail.

Fifty Red Cross Ambulance Companies have been organizing in the leading cities of the country. Fifteen are ready for service. One of these is from Hudson County, Dr. F. J. Quigley, captain; and one from Summit, N. J., Dr. W. H. Lawrence, Jr., captain.

Enlistment with Provisos.

A physician asks: 1. Can one enlist for service in the United States only? 2. Can one enlist for medical work only, not surgical? 3. Can a physician over 45 years, up to 55, enlist and be exempt from service at the field hospitals and firing line at his discretion? 4. What is the pay? 5. Is the pay the same for army and Red Cross work?

Answer.—1. The physician who enlists for service with the Medical Department of the Army is expected to go where he is sent, whenever he is ordered. At present only the younger men are being sent abroad. 2. The physician in the Medical Corps does whatever work he is ordered to do. The superior officers, however, are supposed to acquaint themselves with the officer's capabilities so that he will not be ordered to undertake work which he cannot do. 3. See answer 1. 4. The remuneration of medical officers is: first lieutenant, \$2,000 per annum; captain, \$2,400; major, \$3,000 and allowances. 5. In time of war, the base hospital units formerly under the direction of the Red Cross pass into the control of the Medical Department of the Army, and the commissioned officers of these units receive pay according to the rank which they hold in the reserve corps.

Treason Warning Given by Judge Haight.

Judge Haight in charging the Federal Grand Jury which he swore in for the April term, at Newark, recently said:

"You have assembled, gentlemen, at a time when no man knows what the morrow may bring forth. With our international affairs,

strictly speaking, you have officially no concern, but out of our international affairs there may readily develop internal disturbances, and acts may be committed which are in violation of the laws of the United States and which will require investigation and action on your part. Conceivably some of these may reach the magnitude of treason. If unhappily they do, it is necessary that you act toward them speedily, fearlessly and decisively, in order that all may know that the liberty and free institutions which this country has held out to those from other lands may not be abused nor the confidence reposed in them betrayed; that disloyalty will not be tolerated.

"Upon conviction, the court will not hesitate to impose the extreme penalty of the law. The crime of treason in its application is not necessarily confined to those who have been born in this country or have become naturalized citizens, but may extend to those aliens who are domiciled in this country, and, as such, owe a temporary allegiance to it. It consists not only in levying war against this country but embraces adherence to her enemies and giving them aid and comfort within the United States or elsewhere. It is very comprehensive.

"It will doubtless, therefore, be impossible to discharge you until the next term of court in September. In the mean time it will be necessary for all of you to be at all times accessible so that you can assemble quickly if occasion requires and act promptly."

Hospitals; Traing Schdols and Sanatoria.

Elizabeth General Hospital.

This hospital is to be congratulated on the success of the campaign for funds to erect new buildings. Over \$550,000 have been subscribed.

Linn Memorial Hospital, Sussex.

The mayor of Sussex, N. J., has appointed Drs. H. D. Van Gaasbeek, H. J. Harp, J. D. Haggerty on the committee to organize the Dr. Alexander Linn Memorial Hospital. The committee is to take steps to form an association for the purpose of establishing this hospital in Sussex Borough. William A. Linn of Hackensack left a bequest of \$20,000 in his will for the purpose.

Overlook Hospital, Summit.

The medical board, to which the trustees have committed the hospital's general management, during Dr. W. H. Laurence Jr.'s absence, as head of the Summit Ambulance Company in France, has appointed the following surgeons: Drs. H. H. Bowles, Summit; James S. Brown, Montclair; J. H. Bradshaw and T. W. Harvey, Orange, and A. B. Coultas, Orange. It has been announced that any other surgeon of recognized ability may have the privilege of the operating room.

Hospital for Rahway.

A movement has been started to transform the Rahway Hospital from a private to a public institution of a charitable nature.

The hospital was established a year ago by

fourteen physicians of Rahway, Woodbridge, Colonia and Roosevelt. They will turn over to a citizens' association the hospital and its equipment and will continue in their professional capacity in connection with the institution as at present.

An effort is being made to raise \$10,000 to properly equip it.

Monmouth Tuberculosis Hospital.

An option has been procured for the purchase of an 104-acre farm on the south side of the Manasquan River, near Allentown, for \$7,500 as a site for the proposed county tuberculosis hospital. It is subject to the approval by the State Department of Health.

New Jersey State Institution for the Feeble-minded, Vineland.

A recent booklet issued by the managers of this institution give an exceedingly attractive illustrated historical sketch and an account of the work of this institution in its various departments. We note that in the medical examination of 501 patients, a total of 1,286 defects were found. The record of the medical work required to meet these defects and intercurrent indications, for five years—1911-1916 inclusive—shows:

Dispensary cases treated, 38,858; surgical cases, 884; dental cases, 4,934; ward cases, 2,719. The record for one year, 1915-1916: Dispensary cases treated, 12,864; hydropathic cases, 2,041; dental cases, 837; ward cases, 835.

Part II. gives several diagrams and explanatory articles, illustrated, setting forth "The Problems of Feeble-mindedness." Dr. Madeline A. Hallowell since May 8, 1909, has been the very efficient medical director and superintendent of this State institution.

Graduating from Hospital Training Schools.

Dr. T. P. Prout presided at the commencement of the Overlook Hospital Training School May 24, when seven nurses graduated. Dr. R. H. Hamill delivered the address in which he said, "Do your duty by the Red Cross; it may mean hardship; it may mean death," but if you have any doubt as to what course you should pursue, give your services to the Red Cross. There is no question as to its needs at this time in the country's crisis."

Insistence was put by the speaker upon the ethics of nursing and he told the graduates that it was their duty to keep their lips sealed as to what went on in the sick room. He said they had no more right to carry such news than they had to help themselves to their patients' purses.

The diplomas were presented by Dr. W. H. Laurence, Jr.

Thirteen nurses received diplomas at the graduation exercises of the German Hospital Training School, Newark, on May 24. They were presented by Dr. J. T. Wrightson.

Six nurses received diplomas at the twenty-second anniversary of the Muhlenberg Hospital Training School on the evening of May 24.

Thirty-four nurses received diplomas at the twenty-ninth annual commencement of the

Newark City Hospital Training School. Dr. E. D. Newman addressed the graduates and Dr. W. S. Disbrow presented the diplomas.

Twelve nurses graduated from the Cooper Hospital Training School, Camden. Dr. A. H. Lippincott addressed the graduates; Dr. Daniel Strock presented the class pins and Dr. J. E. Roberts, Jr., presented the prizes—one of \$25 in gold, the other a case of instruments.

Nine young women received their diplomas as graduate nurses at the commencement exercises of the Bayonne Hospital on the evening of June 8th. The address was delivered by Dr. B. S. Pollak of Jersey City.

Ten nurses were graduated from the Training School of the State Hospital at Morris Plains on the evening of June 13th. Able addresses were delivered by Dr. B. D. Evans and Mr. E. A. Isaacs of Newark, formerly of Madison. The diplomas were presented by Dr. Evans.

The Work Treatment. — Those of us who have any imagination cannot fail to realize the difference in atmosphere and morale in hospitals where the patients have nothing to do but smoke, play cards, or be entertained, from that found in those where for part of the day they have regular, useful and productive work.—Col. Robert Jones, C. B.

Modern Hospital Train Presented.—In presenting to Maryland the most modern hospital train to be found in this country or abroad, the three railroads making the gift, the Baltimore & Ohio, the Pennsylvania and the Western Maryland, have enabled Maryland to be first in this field. The credit for the idea is due to Dr. Daniel Z. Dunott, chief surgeon of the Western Maryland Railway. There are six cars which make up the train. Three of these are hospital cars, with forty-two hospital beds; an operating car, which it is claimed is not surpassed in the completeness of its equipment by any operating room in the city; a Pullman and dining car for the personnel of the hospital, and an express car which carries two motor ambulances. An overhead trolley by means of which a stretcher may be carried from one car to another is a special feature.

Bonnie Burn Sanatorium.

Dr. J. E. Runnells, superintendent, reports for the month of May that on May 1st there were present 117 patients—72 men and 45 women. Thirty-five patients were admitted during the month: 24 men and eleven women, classified as follows: Incipient, 7; moderately advanced, 7; far advanced, 21; total, 35.

The largest number of patients present during the month has been 133; smallest number, 117; daily average, 124.7.

Tuberculosis Sanatorium, Verona.

Dr. T. N. Gray's report for May showed that 75 persons were in the sanatorium on April 30; that 15 had been admitted and 11 discharged during May, leaving 79 patients on May 31st. Dr. George E. Harben has been appointed resident physician at \$1,500 salary a year.

Marriages.

BOOZAN-COOGAN.—In New York City, June 10, 1917, Dr. William E. Boozan of Elizabeth, N. J., to Miss Teresa M. Coogan of New York.

DOWD-RICHARD.—In New York City, May 24, 1917, Dr. Herman Laurence Dowd, Orange, N. J., to Miss Alice Richard of New York.

NAFEY-WOODCOCK.—At Germantown, Pa., June 4, 1917, Dr. Herbert W. Nafey of New Brunswick, N. J., to Miss Mary Beatrice Woodcock of Germantown, Pa.

REED-BEEBEE.—In New York City, June 26, 1917, Dr. R. Ralston Reed of Morristown, N. J., to Miss Charlotte E. Beebee of New York City.

TEN BROECK-RINAKER.—At Carlinville, Ill., April 28, 1917, Dr. Carl Ten Broeck of Princeton, N. J., to Miss Janet Rinaker of Carlinville.

UNDERWOOD-DODAMEAD.—At Wenonah, N. J., May 26, 1917, Dr. Amos Parker Underwood of Woodbury, N. J., to Miss Esther Mae Dodamead of Wenonah.

Deaths.

KANE.—At St. Joseph's Hospital, Paterson, N. J., on May 28, 1917, Dr. Thomas J. Kane, aged 72 years. Dr. Kane graduated from the Long Island College Hospital in 1872. He was a member of the Passaic Medical Society, the Medical Society of New Jersey and the American Medical Association.

SHARP.—At Berlin, N. J., June 26, 1917, suddenly, Dr. Edgar B. Sharp of Berlin, aged 60 years.

WAINWRIGHT.—At Manasquan, N. J., February 21, 1917, Dr. James B. Wainwright, from arterio-sclerosis, aged 61 years.

WALLACE.—At Forked River, N. J., March 15, 1917, Dr. Gilbert Edward Wallace, aged 43. He graduated from the Hahnemann Medical College, Philadelphia, in 1896. Death resulted from an accident.

IN MEMORIAM.

Henry Leber Coit, M. D.

By Dr. E. G. Wherry, Newark.

It is impossible to tell in a few, or in many words, my appreciation of Dr. Coit. It cannot be expressed by saying that he was a good man, nor by saying that he was a great man. He was both good and great. He was gentle, kind and strong. He was indomitable and exacting, yet patient and considerate. He had great will power, steadfastness of purpose and perseverance. Though he took pride in his ancestry, his family and in his accomplishments, he was yet humble and modest; though an aristocrat, he was democratic in his feelings and associations. He was both a vision-

ary and a doer of deeds. He saw visions and dreamed dreams and after long years of persistent and patient effort, his visions are realities and his dreams have come true. He worked alone to accomplish his great tasks and while working helped others to accomplish their tasks. He had a large brain and a big heart. He had faith in his ideals, hope in their accomplishment and was charitable in his discouragements. He was courageous, upright and noble and inspired these qualities in others.

I am glad of this opportunity to acknowledge my debt to him.

No other man, except my father, has done so much for me. He was a loyal and a true friend. To me he was more than "a light and signal shown"; more than a "passing voice in the darkness."

His memory is an inspiration. His good deeds are an example.

His humanitarian and altruistic spirit still lives. His influence is immortal. He has left this as a perpetual heritage.

The following minutes on the death of Dr. Henry L. Coit of Newark was adopted by the Practitioners' Club of that city on April 2, 1917:

Dr. Henry Leber Coit, a member of this society for 29 years, died at his home in this city, March 12th, 1917, after a brief illness. The son of a clergyman, he was born in Peapack, New Jersey, March 11th, 1854. He graduated at the New York College of Pharmacy in 1876 and in medicine at the College of Physicians and Surgeons, New York, in 1883. Locating in this city, he practiced as a general physician for several years but gradually made the treatment of children his chief work. He was the leader in the formation of the first Medical Milk Commission to oversee the production of "certified milk," a term that is synonymous the world over with the name of Doctor Coit. He organized the Babies' Hospital in this city, which has grown to be one of our most useful charities and was its governing head until his death. He was recognized as an authority on pure milk and infant feeding. In the death of Doctor Coit the members of this society lose one of their most active and beloved associates, the medical profession a valued and useful member, our city a benefactor, our State and in fact the entire world one to whom they owe much for the conservation of infant life. A quiet, sincere Christian gentleman, it was apparent that his entire ambition was wrapped up in the one idea of life for the child. His enthusiasm when spoken to on this subject knew no bounds. In being the recognized leading personality in the securing of pure milk was honor enough in itself, but when we consider the study he made in infant feeding, his efforts to supply pure milk to poor babies and above all his devotion to the suffering children in the dreadful scourge of last summer, we can have nothing but praise and admiration for this man. His name certainly will live among the benefactors of medicine. We were honored above measure by the companionship of Henry Leber Coit.

Theron Y. Sutphen, Herman C. Bleye, Edward J. Ill.

Personal Notes.

Dr. John W. Clarke, Lyndhurst, addressed the Boy Scouts of the First Methodist Church there on May 28.

Dr. G. Wyckoff Cummins, Belvidere, was elected county physician of Warren County on May 25th.

Dr. Wells P. Eagleton, Newark, and wife spent two weeks in May in their bungalow in the White Mountains.

Dr. Charles E. Dowling, Orange, and wife, spent a few days at Mt. Pocono, last month.

Dr. James R. English, Newark, and family are at their summer home, Budd Lake. The doctor has accepted the appointment as surgeon of the Newark Military Reserve Regiment.

Dr. Ralph H. Hunt, East Orange, has received a commission as captain in the medical section of the Officers' Reserve Corps.

Dr. Edward J. Ill, Newark, and his daughter and her family, are at their summer home at Island Heights, N. J.

Dr. Richard E. Knapp, Hackensack, and wife were seriously injured as a passenger train struck the auto in which they were riding on May 17, both were taken to the Hackensack Hospital.

Dr. James H. McCroskery, East Orange, was recently elected a vice-president of the Men's Federation of that city.

Dr. H. Morton Pierson, Roselle, spent some time in May in Savannah, Georgia.

Dr. Watson B. Morris, Springfield, and wife enjoyed an automobile trip in New York State last month.

Dr. Edward A. Y. Schellenger, Camden, was appointed recently by the Mayor a member of the City Selective Conscription Board.

Dr. Frederick C. Webner, Newark, and wife, spent a few days in their summer home at Monroe, N. Y., in May.

Dr. Noble H. Adsit, Succasanna, and wife entertained the Five Hundred Club at their home recently.

Drs. Augustus L. L. Baker, Dover, and Clarence A. Plume of Succasanna addressed the Roxbury Auxiliary of the American Red Cross Society at Ledgewood on June 10th.

Dr. Bert Daly, Bayonne, was recently appointed a member of one of the five boards of exemption for Hudson County and assigned to District No. 1.

Drs. Lancelot Ely and R. F. Hegeman, Somerville, have been commissioned first lieutenants in the Medical Reserve Corps.

Dr. Edward Guion, Atlantic City, has received his army medical commission and is at Fort Oglethorpe, Ga.

Dr. Henry M. O'Reilly, Summit, spoke at the Child Welfare exhibit held there recently on "Conservation of Vision."

Drs. W. A. Pinkerton and G. H. Sexsmith, Bayonne, have been appointed by the mayor as members of the Board of Exemptions.

Dr. John L. Suydan, Jamesburg, was recently elected school physician by the local Board of Education.

Dr. John G. Wilson, Perth Amboy, returned last month from a trip to Missouri and later to Quebec, Canada.

Dr. Norton L. Wilson, Elizabeth, gave an

illustrated lecture on "Diseases of the Eye, Ear, Nose and Throat" at the Child Hygiene exhibit at Linden, under the auspices of the local board of health and education and the State Department of Health.

Dr. Peter J. Zeglio, Plainfield, suffered the fracture of two ribs in a collision of a trolley car and his automobile.

Dr. Charles W. Buvinger, East Orange, successfully passed examination by the American Board of Ophthalmic Examiners, June 8, in New York City.

Dr. J. Henry Clark, Newark, and wife enjoyed an auto trip to Bloomingdale, Pike County, Pa., in June.

Dr. William G. McCormack, Whippany, has been ill, undergoing treatment in a Morristown Hospital.

Dr. Horace R. Livengood, Elizabeth, has been commissioned for army service in the Medical Reserve Corps and is at Fort Oglethorpe, Ga.

Dr. William G. Nash, Newark, has removed his offices to rooms 510-513 Clinton Building, Clinton street.

Dr. Edwin N. Riggins, Orange, and wife went on an auto trip to the Berkshires last month.

Dr. A. Charles Zehnder, Newark, has been called to duty in the U. S. Army Medical Corps and is at Fort Oglethorpe, Ga.

Dr. Archer C. Rush, Verona, has organized a class of twenty in first-aid work.

Dr. Frank H. Edsall, Jersey City, has resigned as city health superintendent. He has served since 1913. His resignation takes effect October 1st.

Dr. Victor Mravlag, Mayor of Elizabeth, has issued a proclamation calling on local young men to enlist in the regular army and in the National Guard.

Dr. Henry W. Kice, Wharton, and wife entertained the Port Oram Social and Literary Society at their residence one evening last month.

Dr. Ernest Thum, Bayonne, and wife recently spent a few days at Greenwood Lake.

Dr. John F. Reeves, Elmer, writing home from Fort Oglethorpe, says: Lieut. Col. Henry Page, the commandant, delivered an address at the opening of the training camp. In his opinion the present war is one of the greatest events in the history of man. Consequently, surgeons of this day are presented with the greatest opportunity for usefulness in world history, and should hasten, he added, to make themselves of greatest possible value to humanity. The camp is ready, he explained, to begin preparing experienced surgeons from civil life for a period of greater usefulness to humanity.

MEDICAL EXAMINING BOARDS' REPORTS.

	Exam.	Passed.	Failed.
Arizona, April	14	11	3
Arkansas, May*	1	1	0
Colorado, April	39	35	4
Connecticut, March . . .	23	18	5
Connecticut, March* . .	2	2	0
Dist. Columbia, April 10		6	4
Iowa, February	6	6	0
Minnesota, January . .	6	6	0
Nevada, May	6	6	0
Texas, June	92	80	12
Utah, Oct. & Jan.	7	6	1

*Homeopathic Medical Examining Board.

Public Health Items.

The State Department of Health reports for May 2,612 cases of reportable diseases, with 13 cases of poliomyelitis from Essex, Hudson and Camden counties.

The monthly Health Bulletin of the Newark Health Department, edited by Dr. Craster, health officer, is a very interesting and instructive periodical.

"A Baby Primer."—An illustrated little booklet has been prepared by Dr. J. Levy of the Child Hygiene Division of Newark Department of Health, under the above caption on the registration and care of the baby. It is very practical and forceful.

Degrees of Feeble-mindedness.—The condition of feeble-mindedness varies from the most profound degree, in which there is but a glimmer of intelligence, to that in which the defect is apparent only in the highest levels of mental activity, and which is not incompatible with the ability to acquire a large store of information nor to earn a living.—Treadway, Public Health Report, Nov. 24. 1916.

Smallpox. — During the five weeks ended April 27, 1917, according to Public Health Reports, May 11, 1917, there were reported from seventy cities of the United States 1,157 cases of smallpox. The high points of the disease were reached in Minneapolis, where there were 154 cases, and in Austin, Tex., where there were 76. The disease was mild everywhere except in Austin, where it is said the virulent type was present.

Venereal Disease.—The N. Y. State Department of Health devoted the entire May issue of Health News to the discussion of venereal disease, giving authoritative information as to the extent of these diseases and the methods by which they are being combated. The attitude is wholly from the standpoint of health, and did not consider the moral factors involved but left this part of the subject to other agencies.

The Teeth of Schoolchildren.—Oral Hygiene Week brought out statistics with reference to the teeth of schoolchildren. Last year in its supervision of the health of schoolchildren the Bureau of Child Hygiene, New York, which employs 117 physicians, 235 nurses and nine dentists, examined the teeth of 275,000 children and found that 166,000 children had bad teeth. The department of health now maintains eight special dental clinics in schools in various parts of the city. Since these clinics started in January, 1913, they have treated approximately 45,000 children. Altogether 65,000 teeth have been extracted and 20,000 filled. The department of health feels that the facilities for the care of the teeth of New York children are developing satisfactorily.

(It has been said that five out of ten—children and adults—are digging their graves with their teeth.—Editor.)

Results of Tuberculosis Treatment at Home.

—A report of the Association for Improving the Condition of the Poor of New York on the Home Hospital of the association has recently been issued covering a period of four years. The feature which this report particularly emphasizes is that by their plan many of the patients have been enabled to return to their work. The hospital has found that the care of children in homes where one or both of the parents are tuberculous constitutes one of its greatest problems. They find that nearly one-third of the children in such families are afflicted with tuberculosis, while many more than one-third of the children in such families are afflicted with tuberculosis, while many more than one-third are delicate or underweight. Of 140 adult patients who have been treated in the hospital for more than three months and who followed advice, only ten died and seventeen were reported as unimproved. In sixty cases the disease was definitely arrested, thirteen were reported improved, twenty-five as apparently arrested, and fifteen as quiescent.

Report of Poliomyelitis Committee.—The special committee appointed by the New York City Department of Health to study last year's epidemic of poliomyelitis and suggest means for combating the disease, rendered its report to Mayor Mitchel recently. As a result of the study of 2,496 cases diagnosed as poliomyelitis by the Department of Health out of a total of 9,023 cases in the city, the committee concludes that: (1) Infantile paralysis is communicated by personal contact. (2) Slight and non-paralytic cases are most frequent sources of infection; as these cases arouse no suspicion others come more in contact with them. (3) The disease usually develops from three to ten days after exposure. (4) Previous good health does not give immunity from attack. It was also found that the disease is slightly more prevalent among males than among females, and that the fewest number of cases occurred among nursing children and the greatest number among children who were receiving various forms of cow's milk. By far the greater part of this second group, however, were being fed on bottled pasteurized milk in which no germs of the disease could be present. Several cases of suspected milk infection disclosed upon investigation no evidence that the disease was so carried, and it is, therefore, concluded that the epidemic was not caused by contamination of the milk or other food supplies.

Typhoid Fever in New York.

Dr. Haven Emerson at a meeting of the Practitioners' Society recently said that there had been a reduction of at least 30 per cent. in the incidence of typhoid fever in New York City in 1916 as compared with 1915. Seven hundred cases less than last year had so far been reported. Carriers are obviously reduced in proportion to the reduction of cases. Twenty-six carriers had been found in New York City in the past year. It was routine practice to immunize all inmates on admission to correctional institutions. This alone had reduced the incidence by between two and three hundred cases, as epidemics previously had developed in institutions from undetected car-

riers. Another great help had been the practice of removal from tenements of all cases where a common toilet was in use. Co-operation had been secured from neighboring States in regard to the milk shed, and no milk was received from sections showing persistence of typhoid. Pasteurized milk had also helped. As to the reduction possible by a clean water supply, the experience of Cincinnati had been remarkable. He said that proper provision had not yet been made for the care of typhoid carriers. They were kept under observation and forbidden to engage in any occupation connected with the handling of food. When this rule had not been complied with they had been detained. He said that in Germany attempts had recently been made to cure the typhoid carrier by removing the gall-bladder, but with doubtful success.

Stronger Tests for Drugless Healers.

The Illinois State Board of Health has ruled that drugless healers are to be given the same examination as physicians, except in surgery, obstetrics, materia medica and therapeutics. Drugless healers are not authorized by law to practice operative surgery or obstetrics, nor are they to use drugs or medicines internally in their practice. Examination papers on "practice" are to be graded by members of the various schools of healing selected by the State board of health for that particular purpose. Formerly drugless healers were given a comparatively simple examination in anatomy, chemistry, physiology, pathology and histology, symptomatology, and hygiene. The examination now covers seven groups of subjects: anatomy; chemistry, eiology and hygiene; physiology and neurology; pathology and bacteriology; physical diagnosis, ophthalmology and pediatrics; gynecology, laryngology, rhinology and medical jurisprudence; and practice.

Helping the Backward Child Forward.—

"Against stupidity the gods themselves struggle in vain." So said the poet Schiller; but had he lived to this day, he would have revised his assertion in the light of present achievements says F. W. Barrows, M. D., in *The Nurse*, November, 1916. Our level-headed reformers are not struggling against stupidity, as of old. They are beginning to do things for—not against—the backward child, and they are seeing the fruits of their labors in many a restoration. It would double the length of this article to enumerate the lines along which this new movement is working, but the whole thing can be summed up in a few words.

We are studying the backward child, as never before, to find the definite cause of his retardation.

We are adapting the treatment of the child to his particular weakness in order to cure him, instead of "making the punishment fit the crime."

We are training the child in habits of success instead of habits of failure and discouragement, and we are guiding him in the choice of a reasonable vocation so that his success may be continuous.

We are only beginning on these lines, but as we progress we are trying at the same

time to make this world a better world to live in, especially for children, so that there shall be fewer backward children in the future.

We are doing these things because we want to give the child a chance and we realize that no child is either backward or bad through his own fault. The fault is ours, and James Whitcomb Riley was right when he said:

"The gooddest mens they aint as good
As baddest little childrs!"

—American Medicine.

Safeguarding Foods and Drugs.—In the enforcement of the Food and Drugs Act during the last year, United States Department of Agriculture officials analyzed 29,833 samples of foods and drugs offered for interstate shipment and for import. A physical examination was made of samples from 76,468 shipments offered for import. Of these foreign shipments, 6,353 were found to violate the law in some respects, and were either excluded from the country or admitted only after the importers had relabeled them to comply with the law. Of the samples of domestic products analyzed, 3,535, either because of the nature of the product or because the label on it did not tell the truth, were found to be in violation of the Federal law. In 1,364 cases the department recommended to the Department of Justice that criminal prosecution be instituted against the manufacturers or that the goods be seized.

In many cases where there was no evidence of intention to defraud, and where there was merely some easily remedied flaw in the wording of a label, the shippers, after being warned in hearings, voluntarily took steps which made their products fully comply with the requirements. There were held 8,715 such hearings, many of which resulted in the prosecutions indicated and the gathering of evidence for a large number of additional cases, which will be forwarded to the Department of Justice.—*Medical Record*.

Control of Venereal Diseases in Australia.

By an act placed on the statute book of Western Australia last December, provision has been made for the free diagnosis and treatment of venereal diseases. The act provides: That all affected persons shall at once place themselves under treatment by a medical practitioner. The medical practitioner shall notify the age and sex of every affected person he attends, but not the name or address, though if for six weeks the patients fails to attend for treatment the doctor is to forward the name and address of the patient to the Commissioner of Public Health. The patient shall continue under treatment, attending at least once each month, until a certificate of freedom from venereal disease is obtained. If a patient changes his doctor he must disclose who his previous doctor was. A person suspected on reasonable grounds to be suffering from venereal disease may be arrested and detained fourteen days for medical examination, and on the order of the Governor for such longer period as may be necessary. None but medical practitioners shall treat such cases. A clean sweep is made of every form of publication or advertisement of cures of any sort for venereal disease, impotency, or female irregularities.

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POST-OPERATIVE TREATMENT.*

BY ALBERT J. OCHSNER, M. D.,
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In order to make post-operative treatment most effective it seems wise to give attention to certain features relating to the preparation of patients upon whom one contemplates performing a surgical operation, because by giving attention to this a great proportion of the after-treatment which one sees carried out at the present time becomes entirely unnecessary. I refer to the treatment which is employed for the relief of post-operative vomiting and post-operative distension of the intestines.

Preparation—The preliminary treatment consists in preparing the patient so that there is as little decomposing substance in the alimentary canal at the time of operation as possible. It has been our observation that patients whose alimentary canals are empty are not at all likely to suffer to a great extent from post-operative vomiting, provided the time of operation has not been unreasonably long. Moreover, these patients also escape uncomfortable gaseous distention of the intestines for the same reason.

We have experimented with many different cathartics and laxatives and with different doses of these various remedies, and our observations seem to show conclusively that no remedy brings as satisfactory results as a large dose of castor oil given in the foam of beer or malt extract at least twelve or fifteen, or better, twenty-four hours before the operation is performed. A smaller dose than two ounces is quite as uncomfortable, or possibly more uncomfortable to the patient than two ounces, and the results are not nearly so satisfactory.

The patient is given no food after receiving castor oil which is likely to produce gaseous distension, but, with the exception of cases suffering from exophthalmic goiter, the patient is given a cup of broth every two or three hours during the day-time after the castor oil has been given. All operations are set for the forenoon of the following day, so that no food of any kind is given on the day of the operation.

In case the patient shows any tendency to vomit during the operation, a stomach tube is introduced and gastric lavage is performed with water heated to 105° F. This will remove the mucus and bile which may have accumulated in the stomach and leave the patient in a splendid condition. This gastric lavage with water at 105° F. is also regularly practiced before the patient is returned to her bed upon cases in whom we have performed an operation of thyroidectomy for the relief of exophthalmic goiter, because by doing this it is possible to reduce the degree of post-operative hyperthyroidism to a minimum.

Nausea and Vomiting—At any time following an operation, if nausea or vomiting occurs, the pharynx is sprayed with a four per cent. cocain solution and the patient is directed to swallow a little of this solution in order to anesthetize the cesophagus. About ten minutes after this has been done and at the time the cocain solution has had its maximum effect, the stomach tube is introduced and the stomach is carefully irrigated with water at 105° F. The same practice is made use of if there is any discomfort from abdominal distension. We make it a rule to do this invariably in these cases immediately upon the appearance of abnormal distension of the intestines or nausea or vomiting.

After all operations the patient is given hot water by mouth in small sips, preferably through a small glass-drinking tube, so as

*Read at the meeting of the Essex County Medical Society held May 31, 1917.

to replenish the fluid in the blood vessels. At the same time normal salt solution or plain water is given in the form of Murphy's proctoclysis by the very slow drop method, preferably giving about 500 c.c. once about every three hours.

Shock.—If the patient shows shock, even of a fairly severe character, 1000 c.c. of normal salt solution is injected hypodermically underneath both breasts. Then a rubber coil is placed over the heart and ice water is permitted to run through this coil. This is much lighter for the patient to bear than an ice bag and seems to be of very great value. It is well to do this also in connection with transfusion.

Bronchial Irritation.—In case of bronchial irritation, it is well to elevate the head of the bed from twelve to eighteen inches in order to overcome the tendency to hypostatic congestion of the lungs. At the same time normal salt transfusion underneath the breasts is of great value.

Peritonitis.—In case of beginning peritonitis we have found the use of a conical-shaped funnel of aluminum, bearing at the top of the cone an electric light of suitable strength to produce heat which is not sufficient to heat through the abdominal wall, to be of very great value. This apparatus is either placed directly upon the abdominal wall with a piece of gauze intervening, or it is suspended from some apparatus so that it almost touches the abdomen. In this manner the patient's comfort is not interfered with by the weight of the so-called therapeutic lamp.

Pulse and Temperature — In case the pulse becomes accelerated above 100 beats per minutes, or the temperature rises to a point above 100° F., we apply a rubber coil directly over the heart, through which ice water is siphoned from a large container standing upon a table near the bed to another standing upon the floor, the stream being regulated by a clamp so that the coil is constantly cold, and still the water does not flow rapidly enough to make it necessary to replace the water from the receptacle on the floor to that on the table too frequently. A piece of flannel is placed underneath the coil over the chest in order to prevent the chilling effect which the patient feels when the rubber tubing is placed directly in contact with the chest. As soon as the pulse and temperature descend to a point below 100, the coil is removed, but it is replaced the moment there is a further rise of temperature. If the pulse rate does not decrease in proper proportion with the

temperature, we have found that giving the patient a transfusion of 1000 c.c. of normal salt solution, while the use of the ice coil is being continued, usually brings the desired result.

Bronchial Irritation.—It has been our observation that patients rarely suffer from bronchial irritation following operations which have not required an unusually long time for their performance and in case the patient has not been unduly exposed to cold, except in a class of patient who have always slept in woolen underclothing and who have suddenly been deprived of these garments because of foolish hospital routine. Such cases are liable to get overheated in the operating room and then get chilled for want of their accustomed underclothing. By placing a woolen undervest upon these patients, this can be avoided, and even in those who are not accustomed to woolen underclothing while in bed, we invariably cover the chest with a large piece of flannel which extends well down over the abdomen and over the sides and up over the shoulders, which will absorb any perspiration that may be present.

Another feature which should be considered at this point consists in so regulating the anesthetic that the patient is permitted to exhale a considerable portion of the anesthetic while his wound is being sutured; in other words, to have the patient as nearly as possible awake when the suturing of the skin wound has been completed. Since introducing the method of discontinuing the administration of ether at the beginning of our thyroidectomy operations, we have not had a single case of pneumonia in more than five hundred cases of thyroidectomy, while formerly mild forms of pneumonia in these cases were not uncommon.

Fowler Position in Post-operative Pulmonary Irritation.—In any case in which the patient shows the slightest tendency to post-operative pulmonary congestion, the head of the bed is immediately elevated from twelve to eighteen inches so that the patient occupies the Fowler position. It is quite remarkable how quickly such a congestion disappears under this treatment. Aside from this, pulmonary complications can be prevented to a marked extent by having all patients move about in bed following operations. The old idea that it is advantageous to have patients lie still after operation is undoubtedly a great mistake. Aside from preventing the occurrence of hypostatic congestion of the lungs, moving about in bed reduces the total amount of

suffering of the patient and undoubtedly reduces the tendency to the occurrence of thrombophlebitis. It is our practice to tell the patients as soon as awake after an operation that it is best for them to move about and to have them make an attempt at this immediately, because otherwise the fear of pain may keep them from doing this. Of course, the fact that you propose to have these patients move about in bed will influence you in choosing your method of applying the surgical dressings. They must be applied so that the patient's motion will not displace them and consequently will not interfere with their efficiency.

Feeding.—The question of supplying the patient with nutrition following operations, especially in case of abdominal operation, is of unusual interest and importance. Patients who are given normal salt solution per rectum by Murphy's drip method practically never suffer for want of food. Being supplied with the necessary amount of fluid, they have no difficulty in living upon their own tissues for a number of days if this seems desirable. Ordinarily the patient's discomfort is very greatly decreased if he is not given forms of food which are likely to decompose and produce gas. Milk and foods containing starch or sugar are very likely to cause post-operative gaseous distension of the intestines. Broths and beef tea and egg albumen and buttermilk are not likely to cause this unpleasant condition. Small quantities of the latter articles of food given at intervals not less than two hours apart are likely to be beneficial. It is important not to give any form of food under any conditions at intervals shorter than two hours, because in this way one can prevent the accumulation of fresh food, partly digested food, and decomposed food in the stomach at the same time.

Alcohol.—There are but two conditions under which we have found the use of alcohol of benefit following operation. First, in cases of operations for injuries in patients known to be chronic alcoholics. In these cases a small amount of whiskey given every two hours is likely to prevent delirium tremens. Of course, we do not operate upon patients suffering from chronic alcoholism excepting in emergencies, such as traumatic injuries or strangulated hernia or acute intestinal obstruction, without having first placed the patient on a vigorous course of treatment, but occasionally an emergency operation has to be performed in one of these patients, and then it is well to give a small amount of alcohol at regu-

lar intervals. Half an ounce every two hours, to be slowly reduced, is usually sufficient. Another class consists of patients who have suffered from diabetes for a long period of time, but who have been made entirely sugar-free by proper diet and the use of large quantities of distilled water before the operation. In these cases half an ounce of whiskey, diluted preferably in vichy water or soda water, every three hours seems to be of great benefit.

Erosion Due to Pancreatic Juice.—Occasionally following operations upon the common bile duct, there will be a marked flow of bile and pancreatic fluid through the drainage tube, and the pancreatic fluid will digest the epidermis so that a large raw surface will form in the region of the wound. Usually it is not possible to drain away this fluid so as to prevent its striking the skin. It is however, possible almost immediately to change the character of this fluid so that it loses its irritating quality by giving these patients the white of one or two eggs every four hours. This may be continued night and day for one, two or three, or even four days, by which time the surface will be entirely healed, and usually by that time ordinary starch and sugar-free foods may be given without causing recurrence of the irritating quality of the fluid.

Hot Water and Other Liquids.—We are in the habit, in a general way, of giving patients who have undergone serious operations hot water, preferably given through a drinking tube, for the first and second day. Broth and beef tea or barley gruel without milk is given from the second to the fourth day. The patients are given buttermilk with the addition of some cream in order to increase the nourishing qualities as well as the palatability. Then they are given malted milk, and only at the end of the first week are they given milk with milk of magnesia or lime water.

Evacuation of the Bowels.—Every morning following the day of the operation a cleansing enema of normal salt solution or soapsuds is given, unless this causes distress, in which case it is omitted and an enema of one or two ounces of glycerine is substituted. No cathartics are given until the tenth day following the operation, when two ounces of castor oil are given in the foam of beer or malt extract. After that mild laxatives are employed as indicated.

The plan of giving cathartics immediately following operations and continuing this from day to day, which was introduced

some twenty-five years ago when abdominal operations were first generally practiced, I am convinced is a bad method, causing the patients much distress and retarding their recovery. I am convinced that the use of drugs to any considerable extent following surgical operations of any kind is bad and that patients do very much better if drugs are not given.

Hypnotics.—If patients have received the preliminary treatment indicated above, there is no harm whatever in the administration of a sufficient amount of morphia hypodermically to prevent them from suffering severe pain following operations. Not that patients ordinarily require the use of morphia following operations, because if the tissues are not unnecessarily traumatized and the patients are permitted to move about immediately after recovering from the anesthetic the amount of pain that they suffer is usually not great. But in case they do suffer pain, a hypodermic of morphia should be given immediately, before the pain has continued long enough to upset the patient's nervous system. It is our practice to give a sufficient amount of morphia to give complete relief at once, rather than to give repeated doses. For patients of average weight and strength we are in the habit of giving one-fourth of a grain of morphia and 1/100 grain of atropin hypodermically. In case this does not give relief, it is repeated in from one-half to one hour.

If, however, the pain is due to gaseous distention of the intestines, the pharynx is cocaineized and gastric lavage is made with water at a temperature of 105° F. immediately before administration of morphia, because in many of these patients this will remove the gas pressure and the heat of the water will stimulate the patient so as to start perspiration, and with it the patient will go to sleep and when he awakens he will be entirely free from pain. An exception is made in cases in which there is gaseous distension with severe pain. In these cases we administer the hypodermic of morphia and atropin first, then wait half an hour, then cocaineize the pharynx and perform gastric lavage, which practically always has the desired effect.

Of all the post-operative forms of treatment following abdominal operations, there are none that are employed so frequently or with so much satisfaction to the patient as the use of gastric lavage with water at 105° F., proctoclysis by the Murphy drip method and subcutaneous transfusion of normal salt solution.

Blood Transfusion.—There is one method of post-operative treatment which, although employed but very rarely, must not be lost sight of, because in cases in which it is indicated it is of such enormous value that the recovery of the patient may depend entirely upon this method. However, we have employed it to a considerable extent only during the last five years. I refer to the Kimpton method as modified by my colleague, Dr. N. M. Percy. In cases of extreme shock in which the life of the patient is actually jeopardized, in cases of severe loss of blood during or previous to, or following the operation, in cases of operation performed for the relief of anæmia, the transfusion of from 400 to 1,000 c.c. of human blood has undoubtedly saved a number of lives in our clinic. Of course the compatibility of the blood must be established, which we do regularly by means of the Moss test. The method has been so fully described that it will not be necessary to go into details at this point.

Parotitis.—For a number of years we have given patients showing any symptoms of parotitis paraffine wax to chew. This produces a free flow of saliva, which causes the condition to subside quickly and permanently in most cases. Of course, in all surgical cases great care must be exercised in keeping the mouth clean before and after operation.

Care after leaving Hospital.—In conclusion I wish to direct your attention to features in post-operative treatment which have become of greater and greater importance since surgical operations are being performed so commonly for the relief of conditions which have caused secondary effects upon the tissues of the patient for a long period of time previous to the operation, which can consequently not be at once eliminated by the operative correction of a pathologic condition. I refer to the conditions due to exophthalmic goiter, gastric ulcer, intestinal stasis, long-continued absorption of septic material from the appendix, gall-bladder, or the Fallopian tubes, tuberculosis of glands or joints, etc. In all of these cases it is important that the patient be instructed regarding his diet and his general hygiene after leaving the hospital. Many of these patients are a little anæmic and have a tendency to constipation. These should be given simple tonics and laxatives. Many of them have never had reasonable habits of diet. For these we have arranged a series of diets which, with

slight modifications, can be used by these patients after they reach their homes. Giving them these directions in a form in which they can refer to them is of much greater value than to simply tell what you wish them to do.

RULES FOR AFTER-TREATMENT FOLLOWED BY HOSPITAL STAFF.

Give hot water by mouth and proctoclysis directly after operation.

For distension of abdomen, nausea or vomiting, make gastric lavage.

For high temperature, apply ice coil over heart.

For rapid pulse apply ice coil over heart and give N. salt transfusion.

For bronchial irritation, elevate head of bed 12 to 18 inches, give N. salt transfusion and proctoclysis.

For peritonitis or pain apply therapeutic lamp over abdomen, elevate head of bed, give N. salt transfusion and proctoclysis.

For extreme shock give transfusion of whole blood by N. M. Percy's method.

Give broth, beef tea or gruel on third day except in peritonitis and in operations on stomach or intestines.

Give soap suds of normal salt enema every A. M. except when causing irritation. Castor oil on 10th day after operation.

Never move patient to dressing room unless in good physical condition.

Never leave patient lying on cart in the hall waiting for dressing or operation.

In cases in which hæmostatic clamps are left in the wound, loosen forceps on second evening; remove on following morning.

Remove superficial stitches on 6th day; deep ones on 12th to 15th day.

Remove goiter drains, prostatectomy drains and mamectomy drains on 2nd to 4th day.

Remove gall-bladder tampon on 5th day; cholecystectomy and appendectomy tampon on 7th to 10th day.

Remove vaginal tampon clean cases 2nd day; endometritis 5th day.

Give no drugs except after consultation.

ADDENDA—DIETS.

For patients having undergone stomach operations.

(Read this diet list once a week and follow absolutely).

Take 1 pint hot milk with 2 to 4 teaspoons milk of magnesia at 6, 9, 12, 3, 6 and 9; or ½ pint hot milk with 1 to 2 teaspoons milk of magnesia at 6, 8, 10, 12, 2, 4, 6, 8 and 10.

Later you may take the other articles of food in addition at 12 m. and at 6 p. m.

When you come to eating solids, chew them a very long time to mix with saliva.

1st Week. Take four to six pints of hot milk daily with medicine; if this is not sufficient to keep up your strength, you may add from one to four raw eggs.

2nd Week. Take same as 1st, and two to four raw or soft-boiled eggs in addition.

3rd Week. Take same as 2nd, and two to six pieces of very dry toast in addition which must be chewed very fine.

4th Week. Take same as 3rd, and all kinds of milk or cream soup in addition.

5th Week. Take same as 4th, and all kinds of mush or boiled rice in addition.

6th Week. Take same as 5th, and broiled, stewed or boiled beef or mutton in addition; chew and swallow the juice, but not the fibre.

Later you may swallow the beef or mutton.

Even after recovering fully, do not eat pastry, pie, pancakes, pickles, pork or puddings. No cake, candy or canned goods. No raw vegetables or raw fruits, unless the latter are perfectly ripe and not sour.

In case the milk of magnesia acts too freely on the bowels, use four tablespoonfuls of lime water for each pint of hot milk instead.

Use the above diet for at least six weeks and go back to it at any time what your stomach may be giving trouble.

Use the following diet after six weeks:

You should drink as nearly as possible, two quarts of rich milk, preferably hot, each day, always adding from two to four teaspoonfuls of milk of magnesia, or four teaspoonfuls of lime water to each pint of milk.

You should eat from two to six raw or soft-boiled or poached eggs a day.

Aside from this, you should eat broiled, stewed or boiled beef, mutton, or fresh fish, cooked vegetables and cooked fruits, and all kinds of thoroughly cooked mush and breakfast foods, also very ripe non-acid fruit. You may chew the meat and swallow the juice, but not the pulp.

You should eat no candy, sugar or vinegar; no pastry, pie, pickles, pancakes, pork or spiced foods, and no unripe or acid fruits, no vegetables that have not been thorough cooked.

You should chew all food for a long time in order to mix it thoroughly with saliva.

You should drink neither tea nor coffee, nor anything containing alcohol.

You may drink hot water with cream, or hot milk with fresh cream, or buttermilk with fresh cream with your meals or half way between meals or at bed time.

You should rest at least fifteen minutes before dinner and supper.

You should sleep with wide open windows, and go to bed early.

Diet we give to patients who require no especial dietary consideration.

Drink no water and no other liquid except hot milk during meals, nor for one hour before or after meals.

Drink an abundance of good water between meals but always drink it slowly.

Drink no tea or coffee, and nothing containing alcohol.

Eat very slowly and chew all your food for a long time.

Eat nothing very sweet or very sour.

Eat nothing that has been fried.

Eat no hot breads, no cake, candy, canned

goods, pickles, pancakes, puddings, pie, pastry or pork, no raw vegetables or raw fruits, unless the latter are perfectly ripe and not sour, no bananas or raw apples, no fried onions, cabbage, turnips, sweet potatoes, baked beans, corned beef, and no nuts except on especial permission.

You may eat broiled or stewed, or boiled beef and mutton, breast of chicken, fish, cooked vegetables, cooked ripe fruits, bread, butter toast, well-cooked cereals, rice milk or cream soups and vegetable soups, also soft-boiled or poached eggs, also very ripe non-acid fruits.

You may drink milk, cream and buttermilk.

TISSUE BUILDING DIET.—Diet we give to patients who have been operated for t. b. c. conditions and to anemic and badly nourished patients.

You should drink as nearly as possible, two quarts of rich milk, preferably hot, each day.

You should eat from two to six raw or soft-boiled eggs a day.

Aside from this, you should eat broiled, stewed or boiled beef, mutton, or fresh fish, cooked vegetables and cooked fruits, and all kinds of thoroughly cooked mush and breakfast foods, also very ripe non-acid fruits, also bread and butter and toast.

You should eat no candy, sugar or vinegar; no pastry, pie, pickles, pancakes, pork or spiced foods, and no unripe or acid fruits, no raw vegetables, such as radishes, celery or lettuce, onion, etc.

You should chew all food for a long time and eat very slowly.

You should drink neither tea or coffee, nor anything containing alcohol.

You may drink hot water with cream, or hot milk with fresh cream, or malted milk, or buttermilk with fresh cream with your meals or half way between meals or at bed time.

You should drink no cold water during meals nor an hour before or after meals.

You should rest at least fifteen minutes before dinner and supper.

You should sleep with wide-open windows, and go to bed early.

DIET FOR DIABETIC PATIENTS.—We add as much starchy food as the individual patient can utilize and remain free from sugar.

I. You may eat the following soups, but they must not contain either flour, rice, barley, meal or anything made out of flour:

Beef soup, beef tea, veal, chicken, turtle, ox-tail, terrapin, gumbo, oyster and clam soups.

II. You may eat the following meats, but the gravy must not contain any flour or meal, or anything that contains starch:

Roast beef, broiled beefsteak, roast veal, mutton or lamb—roast or broiled. Oysters cooked in butter without flour or meal. Fowl or game in any form. Fresh fish cooked in any manner. These meats may be broiled, boiled or stewed, but not fried.

III. You may eat eggs, soft-boiled, poached, scrambled, or made into an omelet without flour.

IV. You may eat broiled bacon, and sweetbreads or kidneys that are stewed or boiled.

V. You may eat the following vegetables: Asparagus, chicory, cauliflower, celery, cab-

bage (only as cole-slaw, not boiled), lettuce, mustard, spinach, string beans, sorrel, turnip tops, beet tops, truffles, onions (raw or boiled), watercress, oyster-plant, romaine, dandelion, artichokes, mushrooms, and pickled ripe olives. You must use no dressing, containing either vinegar or flour with the vegetables.

VI. You may eat the following fruits: Sour apples, sour plums, lemons, nectarines, apricots, cherries, oranges, strawberries (sparingly), Concord grapes (sparingly), practically all kinds of acid fruits, goosberries, red currants, cranberries. Use no sugar with these fruits. Sweeten if necessary with saccharin, using this very sparingly:

VII. You may eat butter, cheese (preferably Edam, Swiss or the Sap Sago), calf's-foot jelly, and jellies made of gelatine and sweetened with saccharin. Fresh walnuts, English walnuts, hazelnuts, almonds, pecans and filberts.

VIII. As condiments you may use: Salt, pepper, mustard (without flour or vinegar), lemon juice and olive oil.

IX. You may drink: Tea (sparingly), cocoa (sparingly), coffee, with very little cream, lemonade or orangeade. Water—drink Waukesha water or any good potable water. Drink eight to twelve glasses of water each day, with intervals of at least half an hour between glasses. Do not drink more than one glass of water at a meal.

Prohibited.

X. Do not drink buttermilk except by special orders.

Do not drink sweet milk during meals or within an hour before or after eating.

Do not eat pastry, pancakes, puddings, waffles, or any kind of bread, except as especially ordered.

Do not eat anything that contains flour, meal, cornstarch or arrowroot. Do not eat any cereal.

Do not eat: Potatoes, carrots, parsnips, peas, beans (except string beans), lentils, or rhubarb.

Do not eat. Figs, dates, bananas, all kinds of melons, all preserved fruits, jams and jellies.

Do not eat: Canned or salted meats or fish, fried meat of any kind, fried eggs, fresh pork of any kind.

Do not eat old nuts, mouldy cheese, or stale food of any kind.

Goiter Diet.

1. Avoid all excitement or irritation like attending receptions, shopping, church work and politics. If anything happens to annoy you, put it off for a week.

2. You should get an abundance of rest, by going to bed early and taking a nap after luncheon.

3. You should have an abundance of fresh air at night, consequently you should sleep with wide open windows, or on a sleeping porch.

4. You should take nothing that irritates the nervous system, like tea, coffee or alcohol. Of course, you should not use tobacco in any way.

5. You should eat very little meat. If you are very fond of meat take a little beef, mutton or breast of chicken or fresh fish once or twice a week or at most three times a week.

6. You should drink a great deal of milk or eat things that are prepared with milk, such as milk soup, milk toasts, etc., also cream and buttermilk are especially good for you.

7. You should avoid beef soup or beef tea or any kind of meat broths.

8. You should eat an abundance of cooked fruits and cooked vegetables, or very ripe raw fruits, or drink fruit juices prepared out of ripe fruits.

9. You may eat eggs, bread, butter, toast, rice, cereals.

10. You should drink an abundance of good drinking water, or if this is not available you should boil your drinking water for twenty minutes or drink distilled water.

Anti-obesity Diet.

Kindly follow this list carefully. There will be three breakfasts, three luncheons and three suppers; any one of which you may choose, but you must never eat more than is contained in any one of these meals:

Breakfast—1. One soft-boiled egg, one small piece of toast. 2. Half a pound of lean steak, one baked apple. 3. Half a pint of hot milk.

Luncheon—1. Half a pint of soup. 2. Half a pound of fresh fish broiled, one dish of lettuce with pepper, salt and lemon juice. 3. One pint of buttermilk.

Supper—Half a pound of beef, one dish of spinach or one dish of turnips or one dish of onions. 2. Half a pound of lean mutton, one dish of cabbage or one dish of cauliflower or of squash. 3. Half a breast of chicken, one dish of lettuce with pepper, salt and lemon juice, or fruits cooked without sugar.

You should drink nothing at all during your meals nor for one hour before or after eating. No water, tea, coffee or fluids of any kind. Between meals you may drink water, either hot or cold, flavored with lemon or orange juice. Take absolutely nothing containing alcohol.

Take breathing exercises regularly morning and evening. Take a walk out of doors every day. Increase the length of your walk gradually, and also the speed.

RELATION OF APPENDICITIS TO CERTAIN CASES OF CYCLIC VOMITING. REPORT OF CASES.*

By MEFFORD RUNYON, M. D., F. A. C. S.
South Orange, N. J.

The field of acidosis, with its complicated chemistry and vague etiology, has been so thoroughly reviewed by many competent clinicians and chemists that it seems presumption on the part of the casual gleaner to present his few findings, in the expectation that their addition may help to fill a measure which in places seems already running over. In the hope, however, of eliciting your highly prized opinion upon

an etiologic factor about which there has been much discussion, the writer presents the following cases in which the removal of the appendix has seemed to be the determining factor in the cure of certain cases of cyclic vomiting in children.

The term cyclic vomiting is here used to emphasize the severity of the attacks. Attacks occurring more or less frequently, marked by uncontrollable vomiting, rapid pulse, quickened sighing respiration, pinched nose, sunken eyes, cold extremities, rapid loss of weight, sometimes elevation of temperature, sometimes normal or subnormal temperature, all the profound symptoms of H ion concentration of the blood. A picture which throws the family into a panic and leaves the doctor with scant comfort in the knowledge that these patients only sometimes die.

Case 1.—Boy, age 7. Hygienic surroundings of the so-called best. Nervous temperament catered to by the highly social and uplift nature of his environment.

The history as to disease was negative except for repeated attacks of cyclic vomiting, extending over a period of three years, steadily increasing in frequency, severity and duration. These attacks were of the usual type. Sudden onset from a condition of perfect health with no assignable cause. Severe and constant vomiting, little epigastric pain. Temperature only slightly elevated, frequently being subnormal, quickened respiration, rapid pulse, acetone breath, pinched facies, no abdominal tenderness. Urine: Specific gravity, high, 1025-1027; excessive indican; acetone, strong reaction; rarely hyaline casts.

These attacks lasted from three to seven days, varying slightly but always severe, recurring frequently, always several in each year. Everything that specialists could suggest was tried for the benefit of this child. Rest and exercise; diet; medication; flooding with soda solution; change of climate and all the rest.

Late in October, 1914, the little chap had an attack exactly like those which had gone before but as he was getting better he developed pain and tenderness in his right iliac region. No elevation of temperature, the blood count was:

Reds, 4,236,000; whites only, 6,200; color index, .95; polynuclears, 51%; lymphocytes, 41; large mononuclears, 2; eosinophiles, 1; widals negative.

The family hailed with delight the possibility of an etiologic factor in the form

*Read before the Hospital Graduates' Club, New York City, November 23, 1916.

of a local inflammation and almost insisted upon an operation.

The boy was operated on November 5, 1914. The appendix was retrocaecal, inflamed, held down firmly by adhesions. A fan-shaped band of adhesions rotated and bound down the last four inches of the terminal ileum. The mesenteric lymph nodes of the ileum were greatly enlarged. The appendix was removed, the ileum freed and a mesenteric gland taken for examination. Laboratory report: Microscopic examination of appendix showed marked hyperemia and edema with swelling of Peyer's patches; the mucous membrane, however, appeared practically normal. The mesenteric lymph node showed the same inflammatory hyperemia and edema. There was no microscopical evidence of a tubercular lesion. The lad made a quick recovery from his operation and up to October, 1916, 23 months, had no recurrence whatever of his cyclic vomiting.

Case 2.—Boy, age 7. Hygienic surroundings good.

First commenced having attacks when two years old. Had four attacks a year of the variety already described, with the usual urinary findings. As he got older the attacks became less frequent, having only two each year but of a very severe character and of longer duration. The later attacks were accompanied by pain and tenderness in the right iliac region over the McBurney point. Just previous to operation the boy had his most severe attack. On this occasion there was severe pain and marked tenderness. No fever but increased pulse rate.

Blood Count: White, 6,800; polynuclears, 57%; lymphocytes, 38; mononuclears, 4.

Operation October 7th, 1913. Appendix not adherent, constricted, long, inflamed, containing small fecal concretions, mucous membrane diseased throughout. Uneventful recovery from operation.

This boy was heard from on October 13, 1916. He has been absolutely free from attacks of vomiting or pain since his operation, a period of three years.

Case 3—Boy, age 7. Hygienic surroundings excellent, good food, regular habits, mode of life wholesome in every way. For 4 years attacks of cyclic vomiting occurred frequently, always accompanied by pain and some tenderness. Acetone breath and urine and high temperature. Attacks lasted from 2 to 4 days; with prompt recovery.

March of 1912 he had a severe attack

similar in all respects to those gone before but with more marked pain and tenderness in his right iliac region.

Blood count: Reds, 4,468,000; whites, 11,860; polynuclears, 87%.

After subsidence of attack, appendix removed. Appendix markedly inflamed. Tip free, the rest of the organ buried in adhesions; caput coli inflamed.

Laboratory report: Appendix shows histological character of acute catarrhal inflammation of mucous membrane with congestion and swelling and increased production of mucus, this involvement extends into the lymph nodes.

Prompt recovery from operation.

Within a short time following operation—a period of a few weeks and after an attack of measles—the boy had three attacks of vomiting similar but in no respect as severe as those before the operation. Four years have elapsed with no recurrence of his attacks of cyclic vomiting.

Case 4—Boy, age 6. Hygienic surroundings good. Environment of the high tension variety. Coddling alternating with discipline.

Attacks of cyclic vomiting with some pain and tenderness in the right iliac region extending over a period of two years. Acetone breath and urine of the distinct type.

In February, 1909, the lad had a severe seizure with some increase in his pain and tenderness and all the marked symptoms of H ion concentration. After the subsidence of the symptoms it was decided to remove his appendix because of the unusually marked local symptoms during the attack. This was done February 25th, 1909.

Appendix three inches long, greatly inflamed with a large turgid tip, containing fecal concretions and a hair. Prompt recovery from operation. In 1910 and 1911, the boy had an attack of vomiting following the ingestion upon each occasion of indigestible food. One of these attacks occurred one year after the operation, the other two years after. He had acetone upon each occasion. With the exception of these two attacks, unlike his previous attacks, but mentioned because he had vomiting with some acidosis, the boy has remained well—a period of seven years.

These two cases are interesting in that they are of the type which those who are unwilling to admit that the appendix can be the etiologic factor in any or at least many cases of cyclic vomiting, hold up as proof positive that the appendix could not have

been the cause else would the child not have vomited again. Now the same men admit that there are many causes for acidosis and that a child once subject to it is liable to a recurrence. Taking for granted that this is so, is it not reasonable to suppose that the three attacks in one and the two attacks in the other, occurred, as in these cases they seemed to, from simple overeating in the one and an attack of measles in the other and that the acidosis supervened because the children were subject to acidosis from oft-repeated attacks. The fact remains that the regularly recurring attacks terminated and those occurring after the operation seemed to be of a different character though in one of them acetone was found in the urine.

Case 5—Boy, age 4. Strong sturdy little chap belonging to the wealthy class but not pampered in any way. Good plain food, wholesome out of door life.

Attacks—For the story of these I have to depend upon the description of the boy's grandmother, but from her account it seemed clear that they were of the cyclic type covering a period of a little less than a year. The attack just before operation in which I saw the child was certainly of that variety and occurred in October, 1915. All of the symptoms of a severe seizure were present. Acetone and diacetic acid in the urine.

Blood count: 7,900 whites; 69 polynuclears.

Very slight tenderness over McBurney's point. It was not the writer's intention to operate upon this child as it seemed to be in the doubtful class with symptoms referable to the appendix of a very mild type.

The parents and the grandmother, however, had heard that some French surgeon (Comby, no doubt), had been curing cases of cyclic vomiting by removing the appendix and begged the writer to do it in this case. They were told that the operation might not effect a cure as the case seemed in the doubtful class, but they expressed themselves as willing to take the slight risk in the hope that the operation might free them from the terror of these recurring attacks.

The lad was operated on October 12th, 1915. Appendix was found inflamed, turgid with clubbed extremity containing feces and with the mucous membrane diseased throughout its extent; no adhesions. The boy recovered promptly from the operation and during the year which has elapsed has had no recurrence of his attacks.

Case 6—Boy, age 13. In this case the previous history is vague. The boy was a member of a large family, with good hygienic surroundings but with great liberty in his mode of life and diet. He had a well-marked attack in October of this year, with the usual symptoms of acidosis and with decided pain, tenderness and muscular rigidity.

At the operation the appendix was acutely inflamed, held at its middle third by an adhesion which sharply kinked it with the tip turgid and ready to burst.

So short a time has elapsed since the last case was operated that it is impossible to tell what the outcome will be.

All of these cases occurred among the well-to-do.

This series of six cases—or five, if we leave out the one last reported—may fairly include other, seen in the ward of the general hospital but not included because the history of the attacks could not be very clearly obtained from the caretakers of the child, but in every particular so far as could be learned, presented the same picture as those already described.

Numerically the series does not loom very large and represents about 10% of all the cases of cyclic vomiting seen by the writer during the specified time; but if one could say that in 10% of the cases in which this troublesome symptom complex occurs that a definite removable cause could be determined, one would have taken a long step in the direction of treatment.

Any percentage of definite cures is to be hailed with gladness. No disease with so small a mortality, and out of which so many children eventually grow, seems to strike such terror to the heart of the parents as this one under discussion. It is hard to convince the parents of these children, however clearly and earnestly the statistics may be presented, that lethal exit is not the rule. Operative risks generally seem small to them and are grasped cheerfully if they but offer permanent relief.

Now and then a fatal termination occurs and optimism in prognosis is a futile thing in that particular community until the memory of the catastrophe has faded. The writer has had two deaths occur in children during such attacks. One many years ago and one seen in consultation last winter. There seemed to be nothing in either case out of the ordinary. The symptoms were as we generally see them, running their usual course up to a certain hour and then suddenly a change took place—coma fol-

lowed by death in one and in the other convulsions, coma and death. Such an experience spurs one to very diligent search for that which may prove a cure in however small a percentage of cases.

Cyclic vomiting or acidosis in children is a symptom complex characterized, to use Eric Pritchard's definition, by metabolic disturbances in which a great variety of acids, not only acetone bodies, are produced in excess in the body and in the process of neutralization deplete the system of basic elements. Neither the production of these acids nor their presence in the urine necessarily appears to exercise any serious influence on health, the injuries inflicted depend rather on the removal of bases such as ammonia, calcium, potassium, sodium, magnesia, etc., from the blood and tissue cells. Acids are always produced by the normal processes of metabolism and fixed bases are always removed from the body for their neutralization, but a condition of true acidosis is not produced unless the amount of acids produced is great or the alkali depletion excessive.

The etiologic factors in producing cyclic vomiting are almost as numerous as are the writers who have enumerated them. To mention a few will be sufficient: Adenoids, hypertrophied tonsils, colitis, appendicitis, nephritis, pneumonia, excess of proteid food, a milk diet, over fatigue, supra-renal insufficiency, chloroform and ether inhalations, and various other poisons, etc. No man has yet claimed that any one factor is the sole cause—probably no man ever can. The symptom complex of cyclic vomiting as it occurs in children presents a picture so definite—apparently so free from the presence of any other disease and the presence of any causative factor is so obscured when it does appear—that the difficulty of determining the etiology is readily understood. All authorities agree fairly well upon what happens. The chemistry has been and is being worked out quite satisfactorily, but in every man's writing is the frankly expressed or the half-hidden feeling that there is still something not grasped, some cause not determined.

In the cases just reported the factors which led to the conclusion that these particular cases were probably due to chronic appendicitis were long in showing themselves. Many attacks had first occurred and then during some one crisis differing in no respect from all the others, except, that to the usual symptoms were added pain and

tenderness in the right iliac region with more or less muscular rigidity.

In operating upon these cases it is important to remember that they are just recovering from an acidosis and every precaution should be taken against inducing a recurrence. These are the few simple rules followed by the writer and so far they have seemed to be efficacious as no post-operative acidosis has occurred in the series. Avoid starving the patients before operation; keep them on a carbohydrate diet; gas and oxygen anesthesia, and solution by Murphy drip after operation.

Dr. Crile, *American Medical Journal*, June, 1916, has endeavored to develop a clinical basis whereby one may determine fairly the point at which it becomes too dangerous to operate upon acidosis cases. He experimented with the gas chain method of Michaelis to determine the H ion concentration in the blood after fatigue and anesthetic inhalation, etc., and concluded that it is not practical as a clinical test. He measured the reserve alkalinity of the blood in various conditions by the method of Van Slyke and also abandoned it. But from his studies of these two methods he deduced the following statement: "By as much as the patient's power of neutralizing acids is limited or diminished, by so much is his margin of safety narrowed and a patient whose power of neutralization is lost is an absolutely fatal risk."

While neither of these two methods mentioned proved sufficiently practical for a clinical test, he claims that the clinician has at his disposal a more accurate test of H ion concentration than the physical chemist in the increased respiratory exchange in acidosis. The quicker the respiration the greater the difficulty in holding the breath. The normal period according to V. A. Strange begins 30 seconds, any period under 20 seconds he considers as contra-indicating general anesthesia.

A search of the literature shows clearly that in the opinion of many observers the diseased appendix has not been an insignificant causative factor in the production of cyclic vomiting. A host of articles have appeared from time to time, but the following will suffice:

Comby¹ seems to have been the first man to insist earnestly that in all cases of cyclic vomiting the appendix should be put under suspicion. He reported many cases—changing his percentage from 10% to 25%. In his general review written in 1905 of the

relation between cyclic vomiting and appendicitis, he cites 12 cases out of 50 in which the removal of the appendix terminated the attacks. The following is his statement: See *Revue Generale*¹.

The possible existence of relationship between cyclic vomiting and appendicitis was entirely unknown until very recently. The number of positive cases, at the time of this review, amounts to about one dozen in a total of fifty cases of cyclic vomiting. These cases are practically all alike, concerning more or less healthy, sometimes thin and dyspeptic children, who for two or more years are attacked at more or less prolonged intervals (two to six months) by fits of uncontrollable vomiting, with or without acetonuria. These attacks vary greatly in duration (from one to eight or ten days), as well as in severity. Some are accompanied by fever, whereas others are afebrile or nearly so. In some cases abdominal pains are present, where as others are apparently quite painless. In the interval between these attacks, the patients may seem to be entirely well, or again, they may remain pale, thin, languid and dyspeptic. The variable and complicated clinical picture comprises the often obscure symptomatology of chronic appendicitis in the young. In absolutely typical cases of cyclic vomiting, pronounced as such by several physicians, the truth is revealed all at once by increased abdominal pain or a more successful exploration, and the appendicitis is discovered. The child is operated upon and the cyclic vomiting is at an end.

Then follows a report of 8 cases with this conclusion: The absolute conclusions to which these facts would seem to point, are somewhat modified by certain cases of cyclic vomiting which persisted in spite of the removal of the diseased appendix; as well as by the cases of possible coincidence of appendicitis and cyclic vomiting, and so forth. Nevertheless, a careful study of these observations conveys an impression in favor of appendicitis. The disease is known to be proteiform, and of difficult diagnosis in its chronic manifestations. The part played by it, provided it can be definitely established, will afford an excellent explanation of the obscure and puzzling symptomatology or recurrent vomiting, the pathogenesis of which is still a subject of controversy. The diagnosis of cyclic vomiting will be rendered by the writer in future cases only with the reservation of an underlying chronic appendicitis, for this at-

titude of mind has already lessened the chances of a fatal outcome in some of these patients.

E. Goliberti², while admitting the possibility of appendicitis as a cause, is inclined to the belief that cyclic vomiting is a clinical entity.

E. Ausset³ emphasizes the relationship existing between periodical vomiting with a complicating appendicitis.

M. Barillet⁴, while claiming that as a rule appendicitis was not causative in the genesis of cyclic vomiting and reports cases when the operation failed to cure the attacks, concludes his thesis in this way: However, in similar cases which were operated upon, there followed a complete arrest of the phenomena and full re-establishment of the patient's health. In such cases, it may be claimed that the cyclic vomitings were probably symptomatic of the existing appendicitis.

L. P. Moulai⁵ reports seven cases and concludes his remarks as follows; appendicitis is often responsible for the genesis of cyclic vomiting and for this reason, the frequently obscure signs of chronic appendicitis must always be looked for in the presence of this symptom complex. This investigation must be conducted with patience, care and thoroughness and be repeated in the interval between attacks.

P. Le Gendre⁶ and A. Broca⁷ uphold the opinion of Comby as follows: Cyclic vomiting, a disease the pathogenesis of which is as yet imperfectly understood, has been found to be referable in a certain number of cases to chronic appendicitis, the symptoms disappearing after the removal of the appendix.

E. R. White⁸, in an article on acidosis and acid intoxication in children, reports 26 cases. He states that 50% showed acute alimentary trouble of an inflammatory nature and includes appendicitis in the list but does not state the exact percentage caused by it.

R. Heeker⁹, while admitting that periodic vomiting may be due to disease of the appendix, considers the cases rare.

P. N. Divaris in his researches of appendicitis, describes a type as follows: Acetonemias or cyclic vomiting may be observed in cases of appendicitis occurring in neuropathic children.

Bondy¹⁰, in *Archives fur Kinderheilkunde*, in an extensive article on periodic vomiting regards the etiology as not uni-

form, but manifold, and includes appendicitis among the causative factors.

G. Hilliger¹¹, while regarding the appendix as an unusual cause of cyclic vomiting, concludes his paper with this remark: It is advisable in all cases to watch carefully the region of the appendix, and if the gastric symptom complex seems to be referable to an alteration of this organ, surgical interference in the form of appendectomy should be unhesitatingly resorted to.

These references constitute a small part only of those who regard the diseased appendix as a certain or probable cause of cyclic vomiting. To complete the list would prove tiresome.

This view is combated earnestly by other writers and many have reported large series of cases in which the appendix was either not the cause or at least was not found to be so.

Perhaps the report of Metcalf¹² in 1915 is the most notable. He reports the remarkable epidemic in Concord in which 100 cases occurred in children with 9 deaths. He states that no cases of complicating appendicitis occurred but he reports only one autopsy in which he found congestion of the brain and fatty degeneration of the liver and follicular hyperplasia of the appendix.

Another remarkable series of 35 cases has been reported by Chapin¹³, with a high mortality. In these, a milk diet was cited as the probable etiologic factor. These arguments, pro and con, might be carried on almost indefinitely for with each year the literature accumulates rapidly.

Many of the writers who oppose the theory that the appendix is ever a direct cause of cyclic vomiting regard these symptoms as pure coincidence and not cause. Well, when coincidence repeats itself a sufficient number of times and when the removal of the coincidence effects a sufficient number of cures of the disease with which the coincidence coincides one sooner or later accepts the coincidence as a cause.

Most writers seem quite willing to attribute the cause to some gastric intestinal disturbance, if so, then why not to the appendix with its large amount of lymphatic tissue in the form of aggregated nodules in its mucous membrane.

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REFERENCES TO STATE'S INSANE.*

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I bring to you to-night no message of science; no detailed statements of laboratory research; but rather a message of humanity of more or less specific bearings.

For centuries the physician has been an active factor in the uplift of humanity; not simply in his ministrations to their infirmities, but also in safeguarding health and in

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establishing institutions that provide for social betterment and humanitarian advancement.

The inter-relationship of man with man is such that in times of war or peace the true specimen of citizen stands in all his potentialities for those principles which make for the highest interests of mankind as a whole and not for the present generation alone, but for succeeding generations; so has it been with the medical profession, and for such lofty principles has our medical brotherhood been held in high regard by the entire world. That we, like other beings, must live; that we, like other folk, must derive from our services to mankind such remuneration as will sustain us and our families, is but a simple and basic fact of general assent; but, as individuals or collective bodies, our efforts are not found, upon close analysis, to be commercial; nor are our organized bodies maintained for financial advancement or benefit. Our highest ambitions are to obliterate the pathologic causes from which come our worldly remuneration. Our function, socially and professionally, is not simply to cure the ills of mankind, but to use our best energies to prevent the development of all forms of maladies which beset the race.

In the commercial world discoveries and inventions are guarded, patented and kept secret for the purpose of promoting and advancing financial interests. With the ethical medical man, his discoveries—of the laboratory, the bedside and study—are promptly given free and without cost to the world. Such are the beneficent doings of our beloved profession and, with modesty, we hesitate to proclaim these facts, while those who profit by their discoveries and inventions speak of us as lacking business sense on the one hand and as exorbitant on the other.

This brief reference to some of the foundational principles upon which our profession stands, I have made simply to approach in an orderly manner a subject of wide interest in its social aspects and professional bearing; one which has a definite place in the analytic consideration of our police laws and regulations; a most interesting proposition from the standpoint of medical science and a broad and magnificent relation to public charities and humanitarianism. I refer to the care and treatment of persons suffering from the various forms of mental diseases.

In conscious man we find the great factor which dominates or controls every phase

of animal life. With him and out of his energies the world moves and all propositions, intellectually considered and socially controlled, are involved. Without him and his potentialities the universe is little short of a barren rock. Man, with his mental integrities fully intact, must be considered as the world in all of its essential potentialities. Man, with disordered mentality, becomes a disorganizing, if not a dangerous and destructive, potentiality to society. These facts being accepted as true and in faithful conformity to all the cardinal principles of government, make it clear that man with a disordered mind must not operate within the social circle as a vitiating influence. This latter sub-proposition being accepted as true, it becomes the duty of that part of society which maintains its purity in perspection, reason and the finer proprieties of life to take charge of and care for that fractional part of the social fabric which is out of tune with orderly conduct, and to do so in such a manner as positively is in keeping with the laws of humanity and all such considerations reasonably due the weaker from the stronger. We are, therefore, in dealing with our afflicted brother, confronted with this problem: that inasmuch as he is by the interposition of diseased processes rendered incapable of controlling himself and his estate, whatever it may be, not to permit him to destroy himself, injure others or to make unsafe conditions of maintenance upon which those dependent upon him have a just and rightful claim.

This more or less autocratic attitude of the stronger to the weaker may be considered sound; it may be further judged to be an absolute necessity and in it there is presented the elemental and basic principles involved in the care, treatment and maintenance of the insane. It is not a problem which is of intense interest alone to the physician individually or to his profession in a collective or organized sense. It is a matter of general interest in the protection and keeping intact our social fabric. For these reasons the insane or unsound of mind come before us as a serious social problem of a far-reaching character and in the consideration of this subject it behooves us to think of what the insane at large is capable of doing and what his activities socially and sexually may visit upon succeeding generations.

The segregation of the insane must, of necessity, be considered from several points of view. I shall not attempt to enumerate them in the order of their importance, but

simply to call your attention to what seems to me to be the cardinal reasons why the whole people should consider the problem of the care, maintenance and segregation of persons suffering from various forms of mental disorder.

First: Every social organization whether of a minor or major character, conceives its duty to be to protect the many who are accepted as being orderly against the few who are disorderly. This, to my mind, is in actuality a most vital principle of a social and governmental character. It, therefore, follows that the definite care of the insane is made necessary to support police laws or police regulations, in that a citizen suffering from mental disorder becomes at once threatening or dangerous to orderly social conduct and in view of the fact that he becomes, because of a disordered reason, a citizen likely to destroy himself or others, or to do the things not in harmony with accepted orderly conduct, there remains but one process for the protection of society and that is to deprive him of his liberty, to place him under proper care and restraint of action.

Second: The insane citizen being clearly a person suffering from disease is entitled to scientific attention and treatment so that, if possible, he may be restored to normal health and again be placed back in his proper social status.

Third: A more far-reaching and scientific phase of the mentally diseased person in his possibility or probability of becoming a factor in imposing upon the social fabric the taint of his disease which shall, according to the laws of heredity, be transmitted to his offspring, and so make for a greater ratio of mental wrecks, criminality and intellectual weakness. This phase of this proposition is one which the physician is naturally expected to place before the public mind and suggest methods for its prevention or correction. You are undoubtedly aware of the law passed by this State for the non-fertilization of persons suffering from the taint of mental disease. You are probably aware of the ruling of the Supreme Court that such a law was non-constitutional. The whys and wherefores of the law are open to you for careful meditation and analysis; the whys and wherefores of its declaration as non-constitutional are also before you for discussion and for consideration.

If I may stir you to a careful line of thought upon this subject my appearance

before you will not have been in vain. There are numerous detailed reasons for a governmental consideration of the insane citizen; but these three, to which I have called your attention, are the cardinal ones.

A review of the literature bearing upon the history of mental diseases reveals convincingly the fact that mental disorders have afflicted the human race long before the chronicles of so-called authentic history. Psychologists and psychiatrists of the highest rank have traced this grave malady back to the ancient Egyptians and record is found in a papyrus in the British Museum describing with more or less accuracy alcoholic insanity. This same form of mental disorder is exhibited by Noah after indulgence in strong wine. Homer, who wrote in the Twelfth Century before Christ, described delusional insanity. And from that time down the pages of history give numerous descriptions of mental obliquities of markedly morbid character, leaving it beyond doubt that the human family as far back as it is possible to trace it, has been heir to what is commonly known as insanity, manifested in unbalanced reason, mental obliquities, mental confusion, furores or manias, melancholia or mental depression, epileptic seizures, arrested mental development, etc.

The different writers have described the various forms of mental disorders each in his peculiar manner, but their descriptions leave no doubt of their recognition of the existence of insanity interwarped with the history of the human race. This unfortunate legacy comes down to the present day and confronts us with a problem of a most serious character and responsibilities of great proportions involving all the factors which enter into the causation of morbid mental irregularities and we are called upon to consider conscientiously all phases of this problem wherein it imposes upon us the duty of treating this class of sick scientifically, in the observance of the most enlightened laws of public charity and the protection of society.

This is not a spectacular proposition nor a theoretical obligation. We have insane persons in every community; they cannot be disregarded; they are citizens entitled to respectful consideration. Any attempt to ignore our responsibilities in providing for this class would signify a retrograding in the principles of brotherly love, of public welfare and of Christian philanthropy.

It is impossible to enter into minute details in a discussion of the subject on this occasion. It will be sufficient for our pres-

ent purposes that we recognize fully that there are in the State about three insane persons to every one thousand of population and that as physicians it is our duty to impress upon the general public the gravity of the situation.

I feel in addressing you relative to the State care of the insane, that I may be able to bring to you a message at an opportune time so that you may be able to take an active part in a work of great concern to this commonwealth.

To the general practitioner of medicine the incidental presentation of a case of mental disorder signifies that there has come into his professional life a persons diseased mentally and that for the safety of his individual and the protection of society he must be properly segregated or placed under some definite and specific order to care and attention. To society in general this proposition has a vastly more serious significance and it is upon these lines of social requirement that I particularly desire to address you. I grant you, fully, that the problem before us for consideration is a complex one and that the insane person viewed from the elemental standpoint is a simple matter to be dealt with. But when we consider the police phases of the situation and the social vitiation attached to it by outbursts of a more or less calamitous order of conduct as a result of mental disorder, we at once begin to grasp the more serious aspects involved. The old adage or law which readily presents itself is that: "Like begets like." Biblically stated, it is something like this: that the iniquity of the fathers are visited upon the children unto the third and fourth generation. Whatever may be the results of all serious inquiry into the laws of hereditary transmission, we are forced to admit frankly that the insane man is a serious, dangerous and vitiating factor in the propagation of the species. It is unfortunate that in the consideration of mental disorders that this latter particular phase is dealt with somewhat lightly. Numerous great men have devoted themselves to the investigation of the laws of heredity and the principles upon which or by which strength of mind or weakness of intellect have been transmitted from the parent to the offspring. Probably no investigator has given to the literary world a more succinct and valuable contribution than Mendel, the monk, whose investigations were made in raising or breeding, inbreeding and crossing of peas. It was unfortunate that he should have published his paper in an insignificant journal

of his day and that it should not have at the time attracted a greater amount of attention. Like the important research of great men in the various departments of life's activities this work of Mendel practically remained dormant for years. But now, in the intellectual world, his findings command not only world-wide attention but the highest order of respect and confidence. I would repeat that many of the investigations in the field of science and particularly of medicine, have been attended with just such unfortunate inattention and lack of appreciation.

It would be taking up too much time to attempt to set forth in detail Mendel's experimentations and the results thereof. I may, however, with propriety, give you the substance of Mendel's law, which is as follows:

"Wherever there occurs a pair of differentiating characters, of which one is dominant to the other, three possibilities exist: there are recessives which always breed true to the recessive characters; there are dominants which breed true to the dominant character, and are, therefore, pure; and thirdly, there are dominants which may be called impure, and which on self-fertilization (or inbreeding, where the sexes are separate), give both dominant and recessive forms in the fixed proportion of three of the former to one of the latter."

The physicians of this State should take an interest in the new law which superseded all laws upon the statute books bearing upon the care, treatment, maintenance, commitment and discharge of insane persons.

The leading part in the care of the insane throughout this country has been taken by physicians; and be it said to their credit that the public institutions for the insane of the United States are in the front rank throughout the civilized world; unfortunately being in the front rank does not mean that this work is being conducted without defects and shortcomings. It does not signify that the insane are housed in buildings perfect in architecture or that such buildings are supplied properly with facilities, physicians, nurses and scientific equipment to give the highest order of results.

There are in the State of New Jersey between 8,000 and 9,000 insane persons and epileptics who are under public care. This does not include those who are in private institutions, those in almshouses or those being cared for at their homes. It may be safely stated that there are in the State of New Jersey 9,000 persons suffering from

mental diseases, epilepsy with pronounced mental disorder, feeble-mindedness and idiocy. The care, treatment and maintenance of these impose upon the State a burden of no small proportion; but it is unfortunate that the cost of maintenance should be so frequently held up and made to appear as a terrible sacrifice without due consideration of the reasons for the commitment and detention of this class of afflicted citizens.

It is of the highest importance that we should bear in mind that the 8,000 insane and mentally defective persons under institutional care do not voluntarily throw themselves upon the State for support; nor do they of their own volition qualify themselves for inmates of our institutions.

It is well to consider what are the cardinal reasons for the establishment of institutions for the insane and for the detention of persons of unbalanced mentality therein.

There are two cardinal reasons:

First: As a police measure for the preservation of the social equilibrium and the protection of society against such crimes and depredations as are naturally the outcome of disordered minds.

Second: To protect the persons so diseased or afflicted against themselves and subject them to proper order of care and treatment for the purpose of restoring them to healthful mental balance or for the betterment of their health.

The commitment of this class of our citizens to institutions for care and treatment means that they are deprived of a constitutional right—*liberty*—because of disease, which in turn makes it imperative that a tender, humane and scientific care be given them.

The very fact that the State assumes the right, for the protection and welfare of the public, to deprive such persons of their liberty carries with it the bounden responsibility of properly maintaining and caring for them. The failure to meet such responsibility and to honorably and generously fulfil such obligations would signify a misconception of what is meant by public justice, and a wanton disregard of the principles of public charity and the brotherhood of man. Institutions for convicts and criminals should be sanitary and conducted in an orderly manner; they should also have accommodations sufficiently ample to make overcrowding impossible and they should be of such a character as to provide facilities for a government of discipline consonant with the laws of humanity and the dictates

of upright public conscience. And I believe that it is a fair contention that if it is the duty of the State to judiciously and magnanimously provide institutions for its criminals and convicts and maintain them in a manner that will guarantee classification, a high order of discipline and the protection of life of its inmates, it is clearly the bounden duty of the State to properly provide institutions for the insane and of such proportions that will guarantee to this order of afflicted humanity the form of treatment and grade of maintenance to which they, as unfortunate citizens, are entitled. I think that this contention is so clearly sound and so widely accepted that it needs but little elaboration. I feel confident that the thinking people of the State endorse this contention. I have not been unfortunate enough to meet any physician who has the least knowledge of the institutional necessities which arise from the care of the insane who takes issue with me upon this point.

I am especially prompted to bring this matter before you for the reason that the State sorely needs at this time further provisions in the way of buildings for housing its insane.

The State Hospital at Morris Plains has in it at this time 2,642 patients. The normal capacity of that hospital is 1,650. By normal capacity I mean that with its present buildings it can accommodate properly 1,650 patients so as to provide for them that orderly classification which is essential to proper management. With 1,650 patients the sanitary conditions of the hospital could be easily kept in first class condition; in case of fire the patients would be subjected to the minimum danger only, of loss of life; and should an epidemic of disease break out, the officers, with a population in keeping with its housing capacity could properly segregate, treat and prevent a general infection; but with 2,642 patients crowded into buildings designed to accommodate 1,650 only, satisfactory classification is made impossible, the principles of sanitation are unavoidably violated and 500 patients are forced to sleep on cots in the corridors.

These conditions demand action. The Legislature, I believe, will be greatly guided by the voice of the opinions of the physicians of this State and it is for this reason that I present this matter to you in all of its seriousness and ask you in behalf of the State and in behalf of those suffering from mental maladies, the greatest and most seri-

ous of all that come to mankind, to take upon yourselves the commendable responsibility of using your best efforts to bring about relief and to better the existing conditions.

It is unfortunate that the very nature of mental diseases makes it expensive to house such patients and care for them. But there is no way for the State to avoid this responsibility; in no way can she, with credit to herself, let this crying need go unattended to.

It is impossible, in a limited time, to lay before you all the features and impending calamities which are associated with this much regretted condition in the largest public institution of the State. It is growing worse from day to day and year to year.

The State is increasing in population; it is increasing in wealth; but it is also increasing in its number of insane. This increase in number of insane cannot be attributed to the fault of any person or set of persons. It is a condition which confronts us such as confronts other States in the Union. Help must come, or sooner or later a most serious calamity will result. The persons who are afflicted mentally are unable to petition in their own behalf; the very nature of their disease prohibits them; the loss of their liberty robs them of opportunity to make an appeal; and it is therefore, an honorable duty that the physicians of this State should gird up their loins and buckle upon themselves the armor necessary to bring about with all their great influence as a united body, the relief so much needed.

In 1892, when I took charge of the work of the State Hospital at Morris Plains, there were 939 patients in that institution; there are now 2,642 patients. For the last ten years the increase has been about 100 patients annually. These facts show the necessity of prompt attention to the matter of making further provision for housing the insane of the State. An institution for the insane cannot be built in a few months. The history of construction of hospitals for the insane shows that it usually requires from three to four years and sometimes much longer. Therefore, if the buildings were begun at once it would be three years before substantial relief would be given and in that time 300 additional patients will be placed in the hospital at Morris Plains, increasing to that extent the already calamitous overcrowding.

I desire to say to you in this connection that if the physicians of this State should

at any time unite solidly in support of any proposition which is clearly in behalf of public health and public welfare and devoid of partisan politics, there is no force that can defeat them and I doubt that there is an appreciable force that would desire to do so.

There can be no more beautiful expression of magnificent manhood than a conscientious labor to help one another, and especially to help those who because of disease are rendered incapable of caring for themselves. The work of our profession has through centuries been characterized by just this order of work.

I ask you most earnestly to take your part in continuing in this high order of effort for the benefit of mankind which has made our profession a noble one and maintains it steadily as worthy of the place it holds among the powerful benefactors of mankind throughout the world.

WEAK-FOOT; ITS STAGES AND TREATMENT.*

BY CARL R. KEPPLER, M. D.,

Newark, N. J.

The gait of original, unhampered muscular power of the human being was with the feet directly under the body and with the toes pointing straight ahead. Thus the weight falling on the outside of the entire foot, was supported by the strong ankle ligaments, the foot muscles, the thick plantar fascia and the active long leg and calf muscles and tendons. This body-weight falling therefore upon the properly balanced foot structure was transmitted with each step equally to the toes and heel, until with the next stride, the body was lifted by the powerful downward bending of the flexible foot structure and toes. The "heel and toe" gait of civilization with its main supportive act falling entirely upon the heel, and the forward moving produced by incomplete toe action, was unknown. This is proven even by the writings of J. Fenimore Cooper, a layman, in which his Mohican could differentiate between the moccasins tread of an Indian and that of the white man, in that the Indian stepped naturally upon his entire foot, making more of an imprint with his toes than with his heel, whereas the other always dug his heel deeply into the sands and ignored his elastic powerful front foot.

*Read before the Section on Surgery, Gynecology and Obstetrics, Academy of Medicine of Northern New Jersey, May 22, 1917.

The gait of civilization is generally an unnatural one because:

1. The unhampered foot is not used enough; from early childhood shoes are worn until bedtime and applied the first thing in the morning.

2. The short foot muscles are weakened by undue stocking and shoe compression.

3. The toes are squeezed together and irritated by narrow shoes; there is a formation of corns, callosities and other deformities. Thus proper flexion of the foot is a painful act and is unconsciously avoided.

4. In shoes the proper balance of the foot is lost, because the heels are usually too high and too narrow.

5. By the habit of heel walking, and outward turning of the toes in standing, greatly increased strain is added to the inner side of the foot structure.

This unnatural walk is one of weakness, is short and inelastic. It may, therefore, be considered, as well as all other conditions, one of the main causes of weak-foot.

Weak-foot is essentially to be considered an affection not due to disease, but to overwork of a mechanically distorted structure. In normal weight bearing the body-weight falls somewhat toward the inner side of the os calcis and astragalus. Thus when one stands with all muscles relaxed, the astragalus dips over inward, forward and downward, causing the os calcis to roll over slightly to the inside. This rotation of both bones produces instability of the mid-tarsal joint, and causes a broadening of the foot. If this unstable condition continues during locomotion, with coincident stretching of the tendons and ligaments, and there is an increase in the body-weight to be supported, or a decrease in the tone and strength of the long supporting muscles, the condition of weak-foot is produced. Furthermore, this rotation of the astragalus and os calcis, if continued, will cause a slipping over and inward of the scaphoid, with a consequent outward turning of the front portion of the foot structure, so that the entire foot will appear rotated outward upon the leg. As the condition increases the ligaments overstretch and may rupture, permanent changes take place in the bones with formation of new facets, and fixation and spasm occur in the entire, distorted foot structure, producing flat-foot.

Weak-foot in children is generally due to constitutional weakness, to excessive weight and to illness. In the adult female it is more common late in life on account of

the changes occurring at that time, the usual increase in body-weight, and the poor vascular supply of the lower limbs following child-bearing. In the adult male it usually occurs in mid-life, on account of the strain and wear and tear of his daily life and occupation. A description of the symptoms, following their order of frequency, will make the history of weak-foot distinctive:

1. *Pain*—The earliest symptom, it may affect one or both lower extremities, and is aggravated by warm, wet weather. It is not continuous, usually disappears when sitting down or while abed, making sleep undisturbed; but is annoying when arising and becomes worse when walking or standing, especially so with the feet bare and unsupported. It is located either in the heel alone or in different parts of the foot, at times extends up into the calf or even irregularly along the thigh to the back. At first occasional and slight it increases with time more or less rapidly, with recessions, until it becomes unbearable.

2. *Awkwardness*—Comes on gradually and is due to weakness and pain, and to spasm. This spasm is at first mainly voluntary, the muscles straining to keep the tarsal bones in their proper alignment; later, when this relationship has become distorted, it is involuntary, fixed, affecting the ligaments as well. The gait is shuffling in character, with the feet turned out; there is no spring to it and the knees are held slightly flexed.

3. *Deformity*—Weak-foot being due to a disproportion between the weight-bearing power of the active foot structure and the burden that is placed upon it, the deformity is consequently due to a gradual breaking down of the component parts of the foot, caused by its inability to support the added strain. It is a symptom of advanced weak-foot.

4. *Tenderness*—Is also a late symptom, irregular in its location and rarely intense.

THE STAGES OF WEAK-FOOT.

1. *The non-deforming painful weak-foot*—At rest the foot appears normal. When standing the foot is abnormally broad and squatty, and is turned out upon the leg. The patient complains of getting tired easily and of having pains in his feet and legs of indefinite character and at intervals; and his gait is inelastic and awkward. Manipulation is free in all directions; active inversion is incomplete and weak. There are no trophic changes.

2. *The deforming weak-foot without spasm*—The deformity is apparent in any

attitude; the pain is marked. In walking the steps are carefully taken, lacking all elasticity, and irregularities under the foot are avoided. Rather frequently, especially in women, there is a swelling on the outer side of the foot just below the external malleolus. This is usually not painful and is simply an accumulation of adipose tissue, without any significance. Active foot motion is limited and manipulation is somewhat restricted and painful. Tenderness to palpation over the plantar fascia and along the inner side of the heel is often present.

3. *The spastic deforming weak-foot, or flat-foot*—The final stage of development. The deformity is marked and is a fixed one; the arches are obliterated. The distorted foot is tender to touch, and corrective manipulation is restricted and extremely painful. Associated are trophic changes; the feet are blue, cold and sweaty.

EXAMINATION OF WEAK-FOOT.

To reach any conclusion regarding your patient's condition, it is always advisable to observe and examine both feet. Have them bared and watch their attitude while walking, standing and at rest. Then palpate, manipulate and measure each, excluding any other foot or leg ailments; such as: Varicose veins, obliterating endarteritis, rheumatism, gonorrhea, tuberculous joint disease, old tarsal fracture, anterior metatarsalgia, etc. Also—and this mainly in women—watch out for a shortened heel-cord, the proper stretching of which, if present, is essential to successful treatment. Pick up the shoes also and observe how they have been worn away. Note the amount of eversion, deformity and sweating of the feet, and if there is any tenderness and spasm. A very good procedure, for future record of improvement, is to make a tracing on paper of the weight-bearing feet, or better still, a print on photographic paper. Lastly, bear in mind that most young children who habitually toe in will, upon examination, prove to have double weak-foot and not suspected pigeon-toes.

TREATMENT.

In treating weak-foot one must be guided by the extent to which the condition has progressed, by the local and general physical condition, and by the patient's mental attitude.

In main, the methods to be employed are the following:

1. *Correct Shoes*—Of the so-called "orthopedic pattern" they are shaped to imitate the outline and position of the unhamp-ered, strong, straight foot. The lace boot

is preferable, as it accommodates itself better to any changes in the circumference of the ankle and instep. The sole is broad, flat and its inner border points straight forward. The shank is narrow, well cut out on the inside; the heel moderately high and square, the upper snug around the heel but loose over the toes.

2. *Correction of the Weakness and Deformity*—By means of: 1. Active exercises: To be done by the patient daily.

1. Adduction and dorsi-flexion of the feet while seated.

2. Rising on the toes with the heels far apart.

3. Bending the toes under the foot while standing.

4. Walking on the outer border of the bare feet.

2. *Manipulation*—1. Manual: This consists of twisting and turning the foot in all directions, until the spasm is in as far as possible overcome.

2. Mechanical—Manual twisting of a tender weak-foot is frequently resisted and incomplete, on account of the pain caused by it. Much less painful and therefore more satisfactory is the use of the active pendulum machine. A movable, steel sandal is connected directly or indirectly with the free swinging weight and pendulum, and the foot is strapped in it. By setting the pendulum in motion, the foot can be regularly exercised in any direction, such as: dorsi-flexion and extension, in and eversion and rotation. The correction of the foot deformity can be gradually increased by fastening the pendulum bar at a greater angle to the axle of the machine, and the weakness of the muscles improved through making the resistance greater by lowering the pendulum weight.

3. Massage, vibration and hot sea-salt baths are all valuable aids in the treatment of weak-foot, and should be advised as indicated.

4. *Retention of the weak-foot in the correct attitude*—This is the most essential part of the treatment, and the least understood. The act of walking in a forced corrected attitude adds more to improvement than any other else.

It can be accomplished by: 1. The built-up shoe: By means of wedges of leather incorporated into the inner border of the sole and heel of the shoe—varying according to necessity from $\frac{1}{8}$ to $\frac{1}{2}$ of an inch in thickness—the body-weight is thrown upon the outer border of the foot, and the weakened internal arch is relieved from strain.

2. Adhesive plaster strapping—The application of a corrective brace to a spastic weak-foot is very painful. It is necessary therefore, while overcoming this stiffness by the active means just described, to correct the faulty position with firm, often repeated adhesive plaster strapping, increasing the correction with each application, until the movements in the foot structure are free and the time for corrective brace application has arrived. The most satisfactory strapping is done by passing two broad adhesive plaster strips from just below the external malleolus around and under the foot; then upward on the inner side of the leg with tension, and while the foot is held inverted. While these first strips are held in place narrow strapping is applied in an interrupted figure of eight, around the ankle, foot and calf to aid the support and correction.

3. Corrective braces—In respect to brace treatment, a thorough knowledge of the anatomy of the foot must underlie the shaping of a proper plate. The large variation in the shape of the feet, the many differences in the height of the arches and the complexity of the muscular distribution contra-indicate the unscientific application of factory-made arches and arch prop shoes. Elastic supports usually cause pressure, interfere with action of the muscles and, just by means of their elasticity allow displacement of the bones, which it is their object to prevent. Stiff ankle shoes restrict the free action of the ankle-joint only, thus adding to, instead of abating, the discomfort and awkwardness. Steel springs allow the arch to sink; and by the false feeling of security weaken muscular effort and tone. The long steel arch with its slight internal riser and reaching from below the heel to and beyond the balls of the toes, acts as a retention splint, thus interfering with the natural movements of the foot and not acting upon the weakened mid-tarsal joint. Therefore, if a support is to be used at all, it must be efficient, light, not cumbersome and as comfortable as possible. Its purpose is just as much to correctly train the act of walking, as it is to overcome the apparent deformity. In meeting these demands I have found no brace as efficient as the Whitman Plate. This brace carefully fitted to the properly corrected foot can only be uncomfortable when the latter is in an improper position. Therefore to avoid pain, the wearer will assume the proper position in standing or walking. It is slipped into the shoe, is not fastened to it, thus allowing daily change

of foot-wear, and must be consistently worn after application. At stated intervals the patient comes back for observation, and the plate is raised or a new one made as the foot improves. The time for wearing the plate is about one year, when it may be gradually removed. During its application the shoes should receive careful attention, the proper exercises rigidly followed out, and massage and foot-baths used for a good part of the time.

5. *Operation*—1. Reduction under anesthesia by manipulation: In the advanced type of flat-foot, in which correction of the deformity either actively or passively is impossible, on account of the rigidity and tenderness, the administration of an anesthetic is indicated. All muscular resistance is thus eliminated, and the foot is thoroughly manipulated and twisted until motion is free in all directions. It is then well covered with cotton-batting, and while it is held by the assistant in the position of complete adduction and dorsi-flexion, it is encased in a snug-fitting and strong plaster of Paris dressing, which extends from the base of the toes up to and immediately below the knee. This dressing remains unchanged for the next four to six weeks, and the patient is admonished to walk as much as possible in it. When the dressing is removed, a cast is taken of the foot, and it is re-bandaged until the brace is made.

2. Open, operative procedures — These are only indicated when paralysis of the muscles prevents active, voluntary correction of the distortion (*pes planus paralyticus*), or when underlying bony deformity (old fracture, exostoses or bone erosion), make manipulative correction impossible.

Weakening an already poor structure by the removal of one of its component parts, although at first apparently helpful, can only be of passing benefit.

The prognosis is dependent upon the severity and time of existence of the foot deformity, upon the correct interpretation of the condition in regard to the curative measures to be employed, and to their future, systematic and consistent application.

In conclusion it is well to remember that weak-foot is essentially a condition of disordered normal function, due to irregular weight-bearing and faulty body propulsion, combined with muscular and structural weakness. The height of the arch is of secondary importance, so long as correct functional use is accomplished and any distortion of the normal relationship of the tarsal bones is absent. In short, a sunken in-

step in itself does not constitute weak-foot, nor does the raising of said sunken instep spell cure.

Clinical Reports.

Carcinoma Mammæ Sebaccum.

Dr. Lambrethsen, in *Nordisk med. Arkiv.*, describes a case of this rare condition. The patient's age was twenty-eight and the site of the growth had been injured three years before. There were no enlarged axillary lymph nodes. The growth itself was as hard as cartilage. The microscope showed probable origin from the sebaceous glands. No metastases had developed.

Post-typhoid Ulceration of the Oesophagus.

Robert L. Moorhead reported a case of this disease located at the level of the eighth dorsal vertebra, with a large dilatation above. The diagnosis was confirmed by Widal and Diazo reactions. The Wassermann and Pirquet reactions were negative. The patient could take no solid foods. The probe passed the tight stricture with considerable difficulty. With a Lerche dilator the stricture was overcome until the normal calibre of the tube was restored. Moorhead adds to this unusual case a brief synopsis of cases reported by other authors.—Laryngoscopy.

Esophago-tracheal Fistula.

Dr. Robert Levy, Denver, in *Annals of Otolaryngology and Rhinology*, report the case of a woman, aged 24, who had had asthma and bronchitis for a year. There was no history of syphilis. Wassermann test was not made. There was almost continuous cough and expectoration and a loss of weight amounting to thirty-five pounds. Six days before examination there was difficulty in swallowing food. A diagnosis of laryngeal tuberculosis was made, but was not confirmed by examination. Violent coughing was induced by attempts at swallowing. An X-ray after a bismuth meal revealed a communication between the trachea and the esophagus. Death followed in twelve days.

Autopsy showed numerous scars on the tracheal mucous membrane and a perforation into the esophagus about two centimetres above the bifurcation. There was bronchopneumonia and several small pulmonary abscesses. Levy thinks that despite the absence of history syphilis was the underlying cause of the perforation. Quoting the literature he finds that the chief causes of these perforations are, in their order of frequency, carcinoma, tuberculosis and syphilis. A few are traumatic due to the lodgment and ulceration of impacted foreign bodies and in some the cause cannot be determined.

False Teeth Five Years in Alimentary Canal.

—The *Gazeta Medica da Bahia* relates that the Roentgen rays showed the set of false teeth in the esophagus soon after they had been swallowed. Attempts to extract the foreign body failed and the patient refused to permit an operation, but the foreign body was inspected from time to time with the screen.

After two years in the esophagus it passed into the stomach where it remained three years. It caused no appreciable disturbance at any time except slight discomfort as the food passed the foreign body in the esophagus, and later when the stomach was empty. At the end of the fifth year it passed on into the bowel and was then soon expelled. The man ate the usual diet throughout.

Shell Fragment in the Heart.

Dr. Reichmann, in *Zentralblatt für Chirurgie*, reports a case of this rare accident. The fragment was at first thought to be in the lung, and patient had been twice on the battlefield before an x-ray was taken. The heart was normal and the "ten genuflexions" test caused only slight dyspnea. The rest of the thorax was normal. The shadow, size of a thumb-nail, showed that only the left border of the heart was involved. The fragment lay beneath the arch of the aorta in the region of the pulmonary artery, in the wall of which it was imbedded. Twenty-one months later an examination showed that the patient's condition remained unchanged. Operation had been refused.

Rhinoplasty.

Dr. Robert Abbe, New York, at a meeting of the Practitioners' Society of New York, showed a man on whom he had made an unusually presentable nose by a novel plastic operation. The entire nose, except the edges of the nostrils and tip, had been destroyed by cancer, which involved the septum and sides so that they required extensive removal. To make a nose by the usual flap from the forehead would have left a deep saddle-nose defect, so that a central support was required. This Dr. Abbe made by undermining a triangle of skin from each cheek, its base at each side of the nose. The nutrition of these flaps came from the cellular tissue and periosteal base, inasmuch as the skin was cut through superficially clear up to the nasal defect, but deeply on the cheeks. These flaps were turned over the nasal defects so that their points crossed each other and they were stitched together side by side where the bridge was needed. The flaps had their skin side inward and wet side up. On this bridge was now laid a forehead flap wet side down carefully stitched to the tip of the nose and cheeks. In two weeks the redundant skin at the root of the nose was carefully cut out and the shape of the nose was symmetrically balanced. The patient breathed freely through both nostrils on account of the skin lining where the cheek flaps were inverted. Each cheek presented a fine horizontal scar. There was every reason to believe there would be no sagging of the bridge.

Fibroneuroma, Concurrent Sarcoma and Pigmented Moles.

The following case was exhibited at the same meeting as the above cases, by Dr. V. P. Blair of St. Louis: •

The patient is a young woman aged 20 years, who first came under observation in 1912. At that time she had a lump below the eye and near the right side of the nose which had been growing for three years; it was soft, diffuse subcutaneous tumor and at times small blisters

appeared on its surface. In March, 1911, a part of the tumor was removed at the City Hospital, the microscopic diagnosis was fibro-endothelioma. In 1912 the entire tumor on the cheek was excised and the defect repaired with a flap from the neck. Patient also had a scar over the sternum due to excision of a tumor, two years previously, which had recurred. In March, 1913, this was removed and it was found that there was a mass attached to the sternum and projecting into the mediastinum. Microscopic sections were submitted to Dr. Opie who stated that the tumor resembled a spindle celled sarcoma. A small, soft growth on scalp, over right mastoid, was also excised; this proved to be a fibro-neuroma.

At present the patient has numerous, painless, small soft tumors on back and chest which vary in size from 0.5 to 3 cm. in diameter; they do not seem to follow the distribution of the large nerves. On July 25, 1916, one of these small tumors was excised from the right side; this also resembled a fibro-neuroma.

Recently a large number of pigmented moles have appeared over the upper part of the patient's chest and back. She had been losing in weight although general physical examination is negative.

The case is of interest in that we have a patient with multiple tumors associated with a probable sarcoma.

Foreign Body in the Pleura.

Dr. Gange, in *La. Riforma Medica*, reported a case of this very rare occurrence in one of the Italian medical periodicals. The patient was a soldier, who presented a cicatrix on the thorax. Diagnosis was very difficult. There was an especial type of pain, associated with respiration. Dry cough occurred at times on change of position. The mobility of the object was evidently responsible for the paradoxical character of the symptoms. It even seemed impossible to determine just which side was affected, but evidence pointed to the right side. There was no history of a pulmonary wound, with hemophysis, etc. The great predominance of subjective symptoms, or rather the general absence of objective symptoms made the question of exact diagnosis very difficult. The condition was best explained by a movable foreign body in the right pleural sac. The patient was finally radiographed, and what seemed to be a shrapnel bullet was seen to be lying in the right pleura, and moving in various directions with each access of coughing.

Callous Gastric Ulcers—Luetic.

Dr. C. W. Lippman, San Francisco, in a paper before the California State Medical Society, gives these with other cases.

November 29, 1915. Mr. J. A. J. Aged 45. Pain in epigastrium radiating through to back for six to seven years with free intervals. Pain about three hours after eating and at night between 11 P. M. and 1 A. M. Pain not relieved by eating. Belches much gas. Vomits mouthful of sour water when he has pain. Has lost 12 pounds in six weeks. Constipated seven years ago. Jaundiced. Pain refractory to ulcer diet. Venereal history denied. At operation a bulging callous ulcer on the lesser curvature was found but likewise a typical patchy white luetic liver. The man was

closed up without excision of ulcer, then the Wassermann was taken, which proved negative. Despite this, specific treatment was instituted. The man was relieved of all his symptoms.

Note: May 29 the man returned to my office—the niche has completely disappeared, likewise the man's symptoms.

Mr. M. T. M. December, 1914. Age 37. Chauffeur. One year ago indigestion, pain in epigastrium, a little to right, coming on three to four hours after eating, acid belching lately. No vomiting. Constipated. Good appetite until lately. Eating relieves pain. Lately pain has shifted to left hypochondrium—is constantly there, worse one hour after meals. Venereal—hard chancre? several years after. Physical examination—negative. Stomach as in cases 1 and 2 with prominent rugae. Cap of duodenum perfect. Tentative diagnosis of syphilis with localization in the gastro-intestinal tract was made. Wassermann was then done, proving triple X positive. Specific treatment immediately cleared up the symptoms.

Dilation of the Left Side of the Right Ventricle Without Dilation of the Whole Ventricle Causes and Symptoms.

Dr. Philip S. Roy, Washington, D. C., cited these cases in a paper read before the Medical Society of the District of Columbia, October 11, 1916.

Case 1.—Child, ten years old; great shortness of breath, hemoglobin index 55; upon examination he was found to have all the physical signs of dilation of the left portion of the right ventricle. With rest, diet, arsenic and iron the case recovered.

Case 2. A woman of 30, with acute inflammatory rheumatism; seen in consultation. The dyspnoea was so great that she could not lie down, and rested only after hypodermics of morphia. The pulsation on the left side of the sternum in this case extended out beyond the nipple line and up to the first rib. The patient was made as comfortable as possible with opiates. Digitalis was given, also antirheumatic treatment, and although on several occasions it looked as if death was near, she gradually recovered and all heart symptoms disappeared.

Case 3.—Man of 68, with pneumonia of the right lung. He progressed very favorably; the crisis was followed by rapid improvement for five days, when, against my instructions, he got out of bed and attempted to walk around. I was sent for in great haste. He was suffering intense shortness of breath and presented the picture of a very ill man. Upon physical examination I found that the right ventricle had dilated on the left side, and this entirely explained his condition. Fortunately under rest and treatment he made a complete recovery. It is interesting to note that in infections, the heart muscle is often changed in character and made as distensible in old age as it is in youth.

Causes—The right ventricle occupies most of the anterior aspect of the heart, therefore it is the most accessible portion of the heart for physical examination. It is the thinner of the two ventricles and the more distensible, particularly that portion adjacent to the pulmonary artery called the conus arteriosus.

The causes of the dilation are rheumatism, phthisis, typhoid fever, nephritis, overstrain,

pneumonia and asthma. Other infections than those I have mentioned, may also cause the condition. It occurs more often in childhood and early adult age, but no age is exempt.

Physical Signs—On inspection and palpation we find a pulsation at the fourth left interspace. As the ventricle dilates this pulsation rises to the third and second interspaces and extends out as far as the nipple line. I have seen it in one case as far as the anterior axillary line. The pulsation is wavy in character and does not resemble the strong pulsation of aneurism.

The three cases cited above were cases of dilation of the left side of the right ventricle, without any physical signs of dilation of the right side of the ventricle and no tricuspid regurgitation.

County Medical Societies' Reports

CAPE MAY COUNTY.

Eugene Way, M. D., Reporter.

A special meeting of the Cape May County Medical Society was held at the Mace Hospital, Wildwood, on July 6, 1917, with the President Dr. S. Dixon Mayhew in the chair.

Members present—Mayhew, Dix, Hughes, Marcy, Douglas, J. Way, Cohen and E. Way.

The president announced that the following members of the United States Army Medical Examining Board for New Jersey, Major D. A. Kraker, Newark; Capt. Joseph MacDonald, Jr., East Orange, and Lieutenant Gurney Williams, Atlantic City, were present for the purpose of examining applicants for commissions in the Medical Reserve Corps of the U. S. Army.

Major Kraker and Capt. MacDonald addressed the society and called for recruits, the following offering services and taking the examination, Drs. Dix, Draper, Cohen and Knowles.

Announcement was made that Cape May County was doing her share in medical preparedness, having furnished to date the following physicians in the various branches of the medical service of the United States:

Charles M. Gandy, colonel in charge of the Army and Navy Hospital at Hot Springs, Arizona; Charles L. Gandy, lieutenant, stationed at Manilla, Phillipine Islands; Clarence W. Way, resident member of the surgical staff, American Hospital Paris; J. H. Whittaker, lieutenant, Medical Reserve Corps; James A. Knowles and Nathan A. Cohen, enlisted in Medical Reserve Corps; John S. Douglass, member of Exemption Board and examining recruits for U. S. Army; W. P. Haines, acting assistant surgeon and examiner of recruits, U. S. Coast Guard Service; H. H. Tomlin, acting assistant surgeon and examiner of recruits, U. S. Coast Guard Service; V. M. D. Marcy, acting assistant surgeon and examiner of recruits, U. S. Coast Guard Service; Eugene Way, acting assistant surgeon and examiner of recruits, U. S. Coast Guard Service.

CUMBERLAND COUNTY.

Elton S. Corson, M. D., Reporter.

The Cumberland County Medical Society held its stated meeting at the Weatherby House Millville, Tuesday, July 3. Dr. Charles M. Gray, president, presided. Dr. W. Leslie Cornwell, treasurer, presented his report. A resolution was passed, pledging the members of the

society remaining at home to care for the patients of those going to the army and return 50 per cent. of the receipts.

A resolution was passed asking Congress to increase the pay of the medical part of the army on the same ratio as had been given other parts of the army.

It was voted to turn over the amount usually apportioned for the picnic to the Red Cross.

Dr. Allen Harris of Greenwich was proposed as a member of the society.

The Gloucester County Medical Society was represented.

Dr. Burton H. Chance, surgeon of Wills Eye Hospital, read a very instructive paper on "Paralyses of the Eye." These he classified as being due to injury, poisons, germs, changes of the blood vessels. Dr. Chance was formerly a Cumberland County boy.

Reports of the meeting of the State Medical Society were given by Dr. Miller and Dr. Cornwell.

HUNTERDON COUNTY.

Morris H. Leaver, M. D., Reporter.

The Hunterdon County Medical Society held a special summer meeting at Frenchtown on June 29th.

Dr. Henry A. Cotton of Trenton gave a very interesting and profitable talk on Focal Infections.

Dr. Corell of Easton, Pa., also spoke in the interest of the American Red Cross.

MERCER COUNTY.

Enoch Blackwell, M. D., Reporter.

The regular monthly meeting of the Mercer County Medical Society was held May 1st in the District Courtroom of the Municipal Building, Trenton; President E. B. Funkhouser in the chair.

Dr. A. G. Ellis of Philadelphia addressed the meeting on "The Laboratory as an Aid in General Diagnosis." In the course of his address he brought out the fact that no hospital in Pennsylvania was recognized by the State Board which had not a well equipped laboratory patronized by the physicians, and said it was a hard matter in some hospitals to get the physicians in the way of utilizing the laboratory when if it was well equipped, preferring to go on in the old and less certain way of diagnosis. He mentioned one instance where the board refused to recognize its internes, because none of the hospital staff made any use of the laboratory. In New Jersey the hospitals are rapidly approaching the true standard. He also spoke of the importance of the doctor and laboratory man working together to get the best results. It was his opinion that most of the future advances made in medicine would be along the lines of chemistry.

Dr. R. B. Fitz Randolph, head of the State Laboratory, then gave an interesting and instructive talk on "How the State Laboratory can Assist the Physician and the Dentist." He showed what is being done in his department, and told how the doctor and dentist could best make use of the laboratory. He said the work is rapidly outgrowing the present quarters and that if the work continued to advance they must have larger quarters, and he suggested that the physicians make a concerted effort to secure the needed room.

Dr. Parker, Cotton, Sommer, Barrows and Costill discussed the papers.

Drs. Simpson of Titusville and Drs. Higgins, Potts, Schildkraub, Jaspan and Haggerty were reported upon favorably and elected members of the society.

It was decided to let the matter of contract practice go over until the October meeting and the president was requested to appoint a committee to confer on the matter in the meantime.

On the motion of Dr. North a committee of five was appointed to consider the advisability of incorporating the society, when Drs. Bellis, North, Parker, Madden and Costill were appointed as the committee.

Meeting held June 26th.

A special meeting of the Mercer County Medical Society was called June 26 at 8.30 P. M., mainly for the purpose of taking some steps for looking after the practice of those physicians who had volunteered or would later enlist in the service of the U. S. Government. The meeting was well attended.

It seemed a difficult matter to devise some satisfactory way to look after the departing physicians' practices and no definite steps were taken in that matter, though all the physicians signified their willingness to do the right thing.

Major B. A. Kraker of Newark, president of the Medical Examining Board; Jos. McDonald of East Orange, secretary, with U. S. Army officers, attended the meeting for the purpose of impressing upon the physicians the importance and urgency of the physicians enlisting, and said if they did not do so voluntarily they would be forced to do so later, and that those who enlisted voluntarily would undoubtedly be shown greater consideration, and would be first in line for promotion.

A resolution was offered that all the members of the society enlist but failed to pass, as a majority of the physicians hesitated to make the great sacrifice such a step would entail as the amount paid by the government in salaries would not anywhere near cover the obligations many of the men have assumed, and there is an idea current that the percentage of deaths among physicians at the front is greater than that of any other class in the service.

There will be no more meetings of the medical society during the summer unless a special is called.

MIDDLESEX COUNTY.

Herbert W. Nafey, M. D., Reporter.

The regular monthly meeting of the Middlesex County Medical Society was held Monday, June 25 at St. Peter's General Hospital, New Brunswick.

The regular order of business was suspended in order that the State Examining Board of the Reserve Medical Officers' Corps might address the society. The members of this board are Major Kraker of Newark and Captain MacDonald of Newark.

Major Kraker outlined the duties of the army medical officer, the opportunities open to the men who join now and the many vacancies in the service at the present time. He stated there is strong belief that a special draft of physicians will shortly be authorized by Congress if medical men do not soon come forward

in greater numbers than have presented themselves in the past.

Captain MacDonald followed the first speaker and made an urgent appeal for volunteers. Application blanks were distributed and taken by several members. Dr. Weber of South Amboy presented himself for examination and was accepted.

The management of the hospital served refreshments following which the meeting adjourned.

Local Medical Societies.

Clinical Society of the Oranges.

Walter B. Mount, M. D., Secretary.

On the evening of May 16th, 1917, eleven members of the Clinical Society of the Oranges sat down at the annual dinner at the Yale Club, where a very fine supper was served through the kindness of Dr. Chamberlain. Soon after eight all were seated comfortably at the Winter Garden and for three hours more forgot their cares. Later a few of the insatiable ones enjoyed the offerings of the Ziegfeld Midnight Frolic.

Clinical Society of the Elizabeth General Hospital.

Jacob Reiner, M. D., Secretary.

Continued from Page 203 May Journal.

Dr. Oppenheimer presented the case of a boy about eleven years of age; history dates from May. In May according to the history he had an infection which began with a pus condition on the back of his neck, and following that the neck injury came on. I found him with extremely contracted neck, which was due to the dislocation of the right side of the second vertebra. I put him in plaster by the suspension method, and then later put on a second plaster horizontally. He has four to six weeks in all each plaster. I was able to put him up better with hip rest on his back. He has three plasters and one internal treatment without plaster. From the pictures you will see the amount of deformity that he had the first time he came here, which is much greater than what he has now, and they show clearly the dislocation between the second and third vertebra. The question arises as to the origin of this infection, whether or not this comes from tonsillitis infection. He is now much better and can hold his hand straight and move his head, and is not sensitive. He has a deep hollow which is due to the forward dislocation on the first vertebra on the right side. This is a rather unusual condition, and it is unwise to correct too much, as it must be corrected very slowly. He has, as you see now, contracted sternomastoid, and I believe if we can keep him to the end of a year that he will not have that much deformity. There is a mark along the division in the spine, and the motion is limited, but nowhere near as limited as it was. There is no pressure or numbness; there was no history of accident, but only of infection. When he came in we could not do anything at all with him. The joint is getting solid. I believe if we let him go, within a year there would be a return of the deformity.

In discussing the case of splenic tumor, Dr. Stern said he brought the case here for diagnosis, as he must confess he was unable to make up his mind as to diagnosis.

In discussing second case of splenic tumor, Dr. Banker said that children in that condition very rarely show a typical malaria temperature curve. Dr. Conover said he took the blood on two successive days with just the same findings and was under the impression in these chronic cases you usually have to go into the spleen to get the organism.

Discussing the case of premature child, Dr. Stern said, I brought the child here because with these children it very frequently happens they get a temperature during the first weeks, and it is very hard to account for these temperatures. Dr. Grier said: In the Blake Maternity a number of years ago we observed in children very frequently a temperature which was hard to account for, but after working it out we found it was due to starvation.

Discussing the case of diabetes of Dr. Banker's, Dr. Quinn said. According to Dr. Allen there is no danger of acidosis in treating diabetics by his method, and he states emphatically he does not believe it is at all essential to give any alcohol, and if this is true it removes the bugbear from the treatment of diabetics. Dr. Grier said: This is very interesting to me in view of the fact that I have a patient who has been under strict diabetic diet for two weeks, and had a bad carbuncle. Three days ago he was passing 4% of sugar and after three days of the Allen treatment, as we would call it, whiskey, bicarbonate of soda and water were given; an examination this morning showed $\frac{1}{4}$ of 1% in sugar output at the end of 2½ days and has only reduced 4% on Sunday. He has had no bicarbonate of soda for the past 30 hours.

In reply to question of Dr. Oppenheimer, Dr. Conover said, apparently the total output of urine was not measured. Doctor also said he had some liquor but he did not care for it; he also had clear meat broths, black coffee without sugar. Dr. H. R. Livengood said: There has recently been done a great deal of work on diabetes, and it has been shown that giving excess of bicarbonate of soda for long periods of time will tend to cause acidosis by locking up the fixed acid radicals in the cells. Should alkalinity be desirable, as in threatened coma, large doses should be given for short periods of time, not exceeding three days. In this particular case the man recovered from his acute attack, and if careful he no doubt will get along all right.

Discussing the case of dislocation of neck, in reply to question asked by Dr. Green whether Dr. Oppenheimer thought an osteopath would help the boy, Dr. Oppenheimer said, I think the dislocation can be helped by a bone operation and fixed by bone graft.

Dr. Pierson reported a case of spontaneous rupture of the uterus, and said the specimen had been obtained, and Dr. Conover said he had examined the specimen microscopically. Dr. Conover, in discussing the case, said: As far as I could see there was no change in the muscle except some replacement by connective tissue at the point of rupture. In reply to Dr. Bailey's question, House Doctor said the blood pressure was not taken, and that she had no

pituitrin. Dr. Grier said that it was a great disappointment to admit and find that we could not operate on this woman, as I believe if a diagnosis could have been made that there might have been a better opportunity to save her. He also said that while it is necessary to keep in mind the possibility of a rupture, yet at the same time we go along for years and no not find them. I know of one case that happened on South Spring street many years ago in the patient of one of the midwives, and in that case I was able to make a diagnosis and we got consent to remove her to the hospital and she got well. Dr. Runnels said recently her husband had one testicle removed for tuberculosis. Dr. Bunting said the case was one of quiet rupture, or rupture not preceded by signs and symptoms of threatened rupture, and that it would not be possible for a condition of this kind to occur unless the cervix had been badly ruptured by the previous forcep deliveries. The specimen showed the rupture to be bilateral and appeared to have started by the giving way of the scar tissue of the previous lacerations. Scar tissue may dilate, but if it starts to tear there is almost no limit to its extent.

Discussing the case of multiple carcinoma of the body, Dr. Green said it seemed that he had actually delayed the fatal ending of the case, and it is also a fact that he had prevented the woman having pain; it is an extremely instructive case, showing the value of the x-ray in slowing down the spread of the disease, at least for awhile.

Dr. H. R. Livengood reported two cases of osteo-sarcoma, and in remarking on the two cases, there were two points he wished to emphasize. One was the almost characteristic decalcification of the bone in osteo-sarcoma as shown by the x-ray; second, the frequency which this disease follows direct injury. Nearly all text books mention this, but he was unable to obtain any reliable statistics. The first case had a medico-legal side, in that the boy was injured in the employ of a company which was insured under the "Employers Liability Act," and the parents held the company responsible for the death of the boy. Also in the second case it will be noted that although the initial tumor was in the ilium, a lump appeared on the wrist after the fall, which lump continued to enlarge.

Dr. Oppenheimer, discussing sarcoma cases, said in reply to a question asked whether he believed injury causes disease that he believed in some legal cases the jury, being more liberal in its views, award damages, but he did not think we could afford to state that the injury in itself causes tumor. Dr. Grier said the question of trauma was a very important one in causing malignancy, and he felt that the laceration of the cervix was an important cause of carcinoma of the cervix. Dr. Green said that he wished to question the statement that you rarely have carcinoma of the uterus, except in cases where there have been some lacerations of the cervix, and to know how Dr. Grier was going to explain carcinoma of the body of the uterus. He said in regard to the causes of so-called malignant diseases, trauma is only one of the causes; in every case of carcinoma of the breast, some will say yes, and some say no, and that does not mean that

an injury is always the cause of the so-called malignant growths, and it seemed to him that it ought not to be declared as the cause of these diseases.

Dr. A. R. Eaton* Jr. reported the following case: Patient, S. D., female, age 22, single, saleswoman. Taken ill September 8, 1916. Chief complaints being headache, fever, vomiting and general malaise. On September 9 she complained of backache, tremors of upper and lower extremities and difficulty in walking. On September 10, she was unable to stand or walk and noted weakness of her arms. She was admitted to the Isolation Hospital on September 11, examination on that date showing the following conditions: Temperature, 102.4; pulse, 100; resp., 32. Patient was extremely nervous and irritable. Complains of pain when being moved. Physical: There was present moderate rigidity of the neck on ante-post flexion, Brodinski and Kernig's signs present. McEwen's sign absent. All four extremities, the back, abdominal muscles and the accessory muscles of respiration showed flaccid paralysis. There was no anesthesia or hyperesthesia. During the first ten days following her admission to the hospital she developed a decubitus over the sacral region and several days later pressure spots developed on both heels. Her general and paralytic condition was stationary for five weeks, after which time she began to improve as to her appetite, nervousness, etc.; at this time also the bed sore began to granulate and the spots on the heels cleared up. She ran a practically afebrile course in the hospital. She was discharged from the Isolation Hospital on October 21st and admitted to the General Hospital on the same day, from which time until November 14th her condition was remarkably good, there being gradual but steady improvement of the paralysis particularly of the arms. In the mid-afternoon of November 14, she complained of slight cough and some difficulty of breathing; temperature 100, pulse 100, resp. 36. Examination of the chest was negative. November 15, vomited, dyspnoea more severe. She also complained of headache and general malaise, anorexia, etc. November 16, condition practically unchanged until 7 P. M., when the dyspnoea became worse, temperature rose to 101 F., pulse to 120 and resp. 40. Examination of the chest showed beginning oedema of the lungs. At 11 P. M. patient was unconscious with marked dyspnoea and cyanosis. There was also well marked oedema of the lungs; temp. 102 F., pulse 130, resp. 50. She died at 11.30 P. M. of respiratory paralysis. The case is reported because of the fact that it proves the occurrence of a recrudescence of Heine-Medenes disease over nine weeks after the onset and after almost six weeks of constant improvement.

Dr. H. M. Pierson reported the following case: The patient, Mrs. R., age 34, pelvic measurements 27, 34, 23, para 5, gave a history of three forceps deliveries, her fourth labor being a normal one. She was admitted to the maternity ward on September 10 in the morning, suffering from beginning labor pains. These pains continued to be slight until four in the afternoon, when she began to have irregular pains and a slight bloody discharge. At 6.10 P. M., the character of the

pains was unchanged, but the bleeding became profuse, and by 6.45 the patient was very weak, in a profuse sweat and with a cold, clammy skin. The case was reported to me about 7 P. M., and I saw her as soon as I possibly could. Palpation of the abdomen, showed the child to be jammed up against the left lower ribs, and the fundus over toward the right side. Vaginal examination showed many blood clots and an absence of the presenting part which had been the head. Diagnosis of a spontaneous rupture of the uterus during labor was made and operation advised, but the patient died before permission was granted. On autopsy the uterus was found to have been torn from just above the cervix almost to the fundus, the placenta was partly out in the abdomen and the child was entirely out of the uterus.

Dr. Frank Steinke reported the following case: Preliminary report. "Multiple Carcinosis of the Body." Patient, Mrs. E. C., age 52 years. Past history: Removal of left breast for carcinoma five years previous, when a radical operation was performed. The patient made an uneventful recovery and was in good health until May, 1915. At that time she noticed a small growth on the left side of cheek near the scapula (left); three or four weeks later she noticed a second lump in the same region; she did not note any more new growths until September, 1915, when she discovered scattered over different parts of the trunk a number of nodules, varying in size from a pea to a marble. Most of these nodules were confined to the trunk with the exception of two or three on the upper left arm, one on the back of the neck and one on top of scalp; these by count numbered between twenty and twenty-five. I first saw the patient in October, 1915, when she presented the above condition. She was in good health and complained of no discomfort from the nodules except where pressure was made and that only in certain locations. At no time during the course of treatment had these nodules showed any tendency to ulceration, until the present time. I have treated the patient with x-ray from October, 1915, to the present, raying each nodule, the superficial ones receiving two Holtznecht units unfiltered and the deep-seated ones receiving three Holtznecht units filtered through three millimetres of aluminum. The number of these nodules varied from twenty to twenty-five, none coalescing, all remaining separate but with a tendency to grouping. I treated each nodule separately, except where they were grouped, it taking at least three separate days from an hour to an hour and a half at each sitting, to cover the entire body. I continued to treat the patient every six or seven weeks up to the present time, when I changed my method, on which I will report at a future time. Present condition: The patient has lost quite some weight, I should say about twenty pounds, sleeps well; appetite good; has an irritating cough only when she is up and about; is not able to do any work. During the past summer, beginning in June, she has had attacks of irregularity of the heart, which compels her to go to bed for several days at a time after which she is able to be about. At present several of the nodules on the left side of the chest about at the fifth

rib, show a beginning ulceration, this is the first that I have seen since she has been under my care. Results of treatments: The nodules x-rayed would become smaller and disappear, but new ones would appear so fast that it was impossible to tell which were new or which were old ones. The painful nodules would lose their sensitiveness after the treatment. At present the body shows a marked increase in the number of nodules, the number being between fifty and sixty. Two of the nodules on the right shoulder have increased to about the size of a walnut, tendency to become ulcerative. Microscopic examination of one of the nodules showed carcinoma.

Dr. Arthur Stern presented the case of large splenic tumor in a child, little girl 2 years of age, who has been sick for four or five months, and had been operated on in the Muhlenburg Hospital in Plainfield, for child has been sick since that time. He examined her and found a large mass at the left side corresponding to the spleen, which was very hard. Blood examination shows nothing but marked anemia; there are some swollen glands in the neck, none in arms.

Dr. Conover said the blood test in the case of hard splenic tumor in little girl was $4\frac{1}{2}$ thousand white, 2 million red cells and 65% hemoglobin. Wassermann reaction negative.

Dr. Stern also presented a case of bay girl with marked Mongolian features, the ears have just the peculiar shape that you see sometimes, she can double her legs up all around her neck, and lies that way in bed, has small, round head, is three years old in January, has flanging eyelids. The child is next to the baby in the family which consists of five children, all the other children natural, this was a premature delivery, and blue baby for two months, gets cold in eyes with the least bit of dampness; she is well; there are times when she will stare and her eyes will go way up into the cornea; she crept on her hands and feet together when learning to walk.

Dr. Stern also presented case of splenic tumor in a child, came to him three or four days ago with history of some temperature, then quite anemic and temperature normal, and found enlarged spleen and liver, child has malaria, and spleen is soft. Plasmodium of malaria found in blood, very numerous.

(Report to be continued next month.)

Summit Medical Society.

William J. Lamson, M. D., Secretary.

The Summit Medical Society gave a dinner at the Baltusrol Golf Club on July 3, 1917, to its fellow member, Captain William H. Lawrence, Jr., on the eve of his departure, with Ambulance Co. No. 33, to camp at Camp VanWyck, Butler, N. J.

Every member of the Society was present, and in addition Dr. (Lieutenant) Bensley, Dr. James S. Brown of Montclair, and Drs. Tator and O'Reilly of Summit. Covers were laid for twenty-six. Dr. Robert H. Hamill was toastmaster.

After a generous repast, informal speeches were made by Drs. Hamill, Brown, Rockwell, Krauss, Lamson, Bowles, Prout, Bensley, Mo'ster, English and Lawrence.

Miscellaneous Items.

American Physicians Convene at Atlantic City.

The American Physicians' Convention met in Atlantic City, N. J., May 3rd, and the following officers were elected. President, Dr. Francis H. Williams, Boston; vice-president, Dr. Alexander McPhedran, Toronto; secretary, Dr. Thomas McCrae; treasurer, Dr. Joseph A. Capps, Chicago, and recording secretary, Dr. Thomas R. Boggs, Baltimore.

Medical Inspection and School Hygiene.

The third annual session of the New Jersey State Association of Medical Inspection and School Hygiene was held at Asbury Park, May 26, and the following officers were elected. President, Dr. Waldo U. Kurtz, Asbury Park; vice-president, Dr. Eugene H. Goldberg, Kearny; Dr. Ferdinand G. Angeny, Avon, and treasurer, Dr. Henry H. Brinkerhoff, Jersey City.

Physicians Win Suit.—The Supreme Court recently handed down a decision in the case of R. D. Smith versus J. P. Driscoll, Pasca, and Henry B. O'Brien, Pasca, Washington, affirming the judgment of the lower court in favor of the physicians. The complainant asked for damages of \$5,000 on account of an alleged wrongful publication and disclosure of confidential information acquired by the physicians in their professional capacity, and made while testifying as witnesses in a case to recover fees for medical service rendered by them.

Sterilization Measure Passed.—The Oregon house of representatives, by a vote of 37 to 18, passed the bill providing for sterilization of the feeble minded, insane, epileptics, habitual criminals, degenerates and perverts. The house bill provides for a board of eugenics composed of the State board of health and the superintendents of the Oregon and East Oregon State hospitals, the feeble-minded institute and the penitentiary. This board will have the power to hold investigations and to order sterilization. The Senate bill leaves the question to the board of alienists in the county court, and the patient may take an appeal to the circuit court.

Chiropractic Bill Defeated.—The South Dakota chiropractic bill was defeated in the last Legislature. Its advocates spent a great deal of time and money trying to lobby the bill through.

Birth Control Bill Passed?—A bill forbidding the promulgation of birth control doctrines passed the Pennsylvania House of Representatives by a vote of 188 to 3.

Superstition and the Doctor.

When the doctor writes his prescription at our bedside, do not some of us suspect a special virtue in his hieroglyphics. And do not we half nebulously imagine that if he would bestir himself and employ all the knowledge which hides behind his impenetrable eye, he could work real special miracles in our behalf? The power to imbue us with this mystic confidence is what we term to-day a good bedside manner.—Owen Wister.

Special War Items.

Special Base Hospital at Colonia; Dr. Fred H. Albee in Charge.

The home of Mrs. Charles D. Freeman in Colonia, Union County, N. J., having been offered, has been accepted by the War Department and will be converted into a special base hospital to be devoted to the treatment of bone, joint and nerve cases. Dr. F. H. Albee of Colonia and New York, a specialist in those lines, has been appointed to have entire charge of the hospital. From 500 to 1,000 cots will be installed.

Work in getting together the staff and in listing the needed equipment has already been started. Besides the present building, other buildings will be erected as required. Dr. Albee spent part of last year in the hospitals in the war zone, giving instruction to surgeons in bone grafting. He had arranged to go abroad again with a Red Cross unit, but changed his plans. The Freeman property comprises a mansion of many rooms and 300 acres of land. It is located on high ground, is well drained and is an ideal spot for a hospital.

Physicians' War Relief Association, E. Orange.

The Physicians' War Relief Association of East Orange, N. J., composed of all the physicians of the City of East Orange, held a meeting in the Free Library building on Saturday evening, April 7, 1917.

Dr. William B. Graves, president of the Veterans' Association of Battery A, is also the president of this association.

The scope of the association's work is to respond to calls from the local Red Cross Society, to attend cases of need and sickness in the families of the soldiers, to look after the practices of physicians of East Orange who may be away on military duty, and to keep in touch with the families of these same physicians and see that they are provided for in every way.

They have offered their services to the Home Guard for any medical service in the city, and also to the Red Cross Society to give instructions in surgical and medical aid. They also hold themselves in readiness to aid the Mayor, City Council and Board of Health in forwarding any measures for maintaining the health of the town. Dr. Joseph MacDonald, Jr., a member of the U. S. Medical Reserve Corp., was present and gave a very interesting talk about the work of the M. R. Corp.

The Need of Doctors for Our Army.

An urgent plea for an adequate supply of doctors for the new American army was made in London May 23 by Sir Alfred Keough, surgeon general of the British army, in an interview, in which he discussed the important part played by the medical profession in the composition of the gigantic military forces of to-day. As the man who organized the medical service for the British army of 5,000,000 soldiers, Sir Alfred is qualified to speak as an expert. Incidentally he also showed, by turning to baseball for his analogies, that he understands the great American game. "The

new American army," he said, "should take the field as thoroughly prepared as a first-class baseball team. To do this it must have sufficient doctors to keep the men in condition. A good ball team always carries a physician about with it. Therefore, if you want to know the most vital need of a modern army, I tell you it is doctors, doctors, doctors."

Young Men Needed for Hospital Corps.

Young men who desire to enter the hospital corps of the navy should enlist at once as vacancies are being rapidly filled. This service is particularly inviting to the recruit who selects the navy for his life work as he receives careful training under medical direction and in congenial surroundings, the pay is good and promotion rapid. The recruit who enlists for a stated period receives training which will be of value to him in his civil life. Send the young men of your acquaintance who are interested in this phase of military work to the nearest naval recruiting office. Instruct them to speak to the physician on duty there.

(Continued on page 328.)

NEW AND REINSTATED MEMBERS OF THE MEDICAL SOCIETY OF NEW JERSEY.

"Concerning the Official List."

Following are the names of new and reinstated members since the closing of the Official List for publication June 15th:

W. W. Cox, 16 Plymouth st., Montclair.
John J. Mann, 309 Madison av., Perth Amboy
Elmer H. Euler, 216 Henry st., South Amboy
Wm. S. McDonald, 191 Lorraine av., Up. Mont.
Jacob Reiner, 132 East Jersey st., Elizabeth
Friend B. Gilpin, Cranford
Carey L. Lamborn, Pennsgrove
G. H. Taylor, Ridgewood road, Maplewood

Two essentials for membership in the State Society are: the payment of the county society dues to the treasurer of the county society by the individual member and the forwarding of the \$3.00 State assessment included in such dues by the county society treasurer to the State treasurer, Dr. Mercer.

The secretary of the State Society wishes the members of county societies to spread the fact that reinstatement and election of new members are not accomplished until the State assessment has been received by Dr. Mercer, and that such assessment can only reach him through the treasurer of the county society.

We also call attention to the fact that Dr. Morris A. Flower has notified us that his residence address is incorrectly stated. It should have been reported as No. 22 East Kinney street, Newark, N. J.

In this connection we add, for the benefit of the members, that if the address of any member is incorrectly stated, either in the official list or on the mailing list of the Journal, a notice to that effect, addressed to the chairman of the Publication Committee at Arlington, N. J., will receive prompt attention. We aim to keep the correct addresses of the members, both with respect to the official list and the mailing of the Journal, but this is, of course, impossible, unless we have your cooperation by a prompt notification of any corrections or changes which should be made.

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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

NOTE—The transaction of business will be expedited, and prompt attention secured, if,—

All papers, news items, reports for publication and any matters of medical or scientific interest, are sent direct to THE EDITOR.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL are sent direct to THE CHAIRMAN OF THE PUBLICATION COMMITTEE.



We congratulate our members who are able this year to enjoy their accustomed vacations and hope they will return with the added strength needed in these strenuous times; we sympathize with those who are compelled to forego their seasons of rest; and we cannot fail to express profound respect and heartiest good wishes for those who have left their accustomed spheres of activity to serve their country. May God protect and bless them; those to whom they minister and the profession which they honor.

OUR ANXIETIES AND HOPES.

The past month has been one of great anxiety to the Editor because of the severe illnesses of Drs. A. A. Strasser and T. N. Gray. We are very glad to report that Dr. Strasser is steadily regaining his strength and the 25 pounds of weight lost at Fort Oglethorpe, Ga. The Editor expresses his conviction that the doctor is greatly needed at home in the service of the community, the hospitals he has long and faithfully served and in official position in our Society.

Dr. Gray, our able Secretary, is still very ill, but we earnestly hope and are led to believe from the reports of the able physicians who are giving him constant care, that he will be spared to us for many years. There is no member of our Society whose permanent retirement from active work would be a greater loss. Aug 6: Dr. Gray's condition is much improved.

OUR HONOR ROLL.

We have not yet been able to get even an approximately correct list of the physicians of New Jersey who are now in the service of our country, either with the Regulars, National Guard or Medical Reserve Corps. Several have mentioned in this and previous issues of the Journal. We hope to give a full list in the October Journal. We are glad to say that the number of those enlisting has considerably increased, but there is still pressing need of many more to fill out New Jersey's quota, and we should remove every hindrance to its speedy filling.

A letter received from Dr. G. K. Dickinson, chairman of the N. J. State Committee on National Defense—Medical Section, says: "Some of the men going to the front do not feel quite satisfied with plans to cover their work during their absence. Some of the resolutions passed by the County Medical Societies may sound well, but there is not that spirit behind them which makes the young medical officer contented. The resolutions passed by the Passaic County Medical Society seem to be the most business-like and best thought-out. It might not be out of the way for the Journal to ask the different societies at their opening meetings to endorse the action of that society and to send word to the front that the young physician is not forgotten and that his practice will be cared for."

The following is the action of the Passaic County Society on the care of the practices of their absent members:

The committee recommended that Passaic County be divided into four districts and that a committee be appointed to each district to see that the detailed plans as presented by the committee are carried out.

I. Any physician ranking as major or above, will not have any special arrangements made for the care of his practice except any individual plans he may make with any of his friends.

II. Physicians ranking below major should communicate immediately with the committee of his district and designate five colleagues with whom he has consulted and who will make every effort to care for his practice during his absence.

III. He shall further present to the committee a list of his patients to be notified that he has left his practice in charge of the five doctors' names presented.

IV. Doctors practising a specialty who may be called upon, can no doubt make better arrangements for him.

Duties of Committee—I. Upon the committee receiving the list of doctors and patients from any member below the rank of major, they shall at once send a communication to the doctor's patients announcing the names of the five physicians chosen by him, and urging them to call in the physicians named.

II. The committee shall cause notices to be placed in the public press announcing the departure of any member going to war and the list of doctors chosen by him for the care of his patients.

III. The committee may employ a secretary to secure a suitable clerk to assist them in their work, all expenses of printing, clerical work, etc., to be paid for from the funds of the society.

IV. The committee will keep in close touch with the families of the absent physicians and shall promptly report to the society if any assistance is needed.

V. The committee shall render a report showing in a general way what they have accomplished, at each regular meeting of the society.

Compensation.—The physicians attending the practice of the absentee shall receive one-half of gross income, both cash and book accounts, as such are collected. He is urged to keep them in a separate account to avoid confusion.

Any member of this society who may be called to attend an absent physician's patient, but who has not been designated especially, is expected to return one-half gross income to the physician's family.

Committees were appointed for the following sections: Paterson, Passaic and Clifton, Ridgewood, Northern Passaic County.

Those of our membership who are obliged to remain at home while our brothers go to the front should certainly remember that we owe those who go the duty—which should also be esteemed as a great privilege—of caring for and protecting their professional practice while they are in the service in the most practical way possible. It should be made clear to those who enlist and their families that it is our determined purpose and pledge to perform that duty. These men have the altruistic spirit that has ever characterized our profession. They have been actuated by their love of country and humanity in offering their services, and if needs be their lives. It is perfectly natural and they—serving in the war zone have the unquestionable right to expect that their brother practitioners who stay at home—far removed from the war zone, shall exhibit some of the same spirit of patriotism that does not reckon any needed and possible sacrifice as too costly. Surely the least we can do is to make some sacrifice of comfort,

time and service in caring for the interests of these heroes and their loved ones at home while they are making sacrifices for us as well as for country and humanity's sake.

We will place the names of our enlisting members on our Honor Roll, for they are worthy of all the honor we can give them. Let us have a care lest the names of some of us who stay at home be recorded on the dishonor roll, because we fail to honor and properly sustain these brethren who, we repeat, are making sacrifices for us in this time of our country's and of humanity's need.

IT IS UP TO THE MEDICAL PROFESSION.

The world never before saw such a war as the present one and the United States never had the resources of the nation taxed as the present conflict will tax all the energies of our country. The success of our armies and our navy depend in no small part on the efficiency of our medical men and measures. The profession must face the responsibility. Organized efforts are being made to have all the medical men that may be needed offer their services and have the volunteers so distributed that hospitals and communities will not be left without medical protection. The comparatively few medical men under 31 years of age should promptly make application for the medical corps and not wait to be drafted into the service. The qualified medical man who is drafted will in most cases probably gravitate into the medical service, but he has no assurance that he will not be compelled to serve as a private in the army. Every physician who can see his way clear to join the medical corps should do so at once.—Penn. State Med. Jour.

FIRST AT THE FRONT.

Already the newspapers are carrying items about this or that organization, or branch of the service, which it is expected will have the distinction of being first to serve in France.

We should like to remind the gentlemen of the press that this question is one which is already settled. While others have been talking and preparing, the Medical Corps of the Army has been *doing*, as a result of previous preparation.

It had numerous representatives abroad as official observers and on leave before the declaration of war by this country.

It took over the management of certain hospitals in France when war was declared.

It has since sent over large numbers of medical personnel, not only for service as individuals, but as part of numerous sanitary formations, organized as required for the military forces of the United States, of which they are an official part.

Its representatives have for some time been at the front in large numbers—and they will be there in much larger numbers before any other branch of the service sets official foot on the continent of Europe.

The work and efficiency of the Medical Department is too often overlooked or disregarded. We propose to establish the fact beyond question, and once for all, that in this war it was the Medical Department which was "first at the front."—Georgia State Med. Jour.

THE DUTY OF THE ORGANIZED MEDICAL PROFESSION.

THE JOURNAL desires to emphasize again that the organized profession can easily assume the burden—it should not be called a burden, however—of supplying the Army and the Navy with a sufficient number of medical officers even for a force of 2,000,000 men, if such a force should be mobilized. But to do this it will be necessary for the State and county societies to realize their obligation in the matter. Every county society, no matter how small, should call its members together to discuss the subject. This ought to be done very soon. If it is done in the right way, it will make it possible to present to the Surgeon-General of the Army and of the Navy a list of available men, with all the necessary data regarding each. In the smaller counties where there is a limited number of physicians, it should be mutually determined how many men can be spared without too greatly reducing the supply of physicians in the locality and then who should volunteer their services. Naturally the result of such meetings should be reported to the secretary of the State association, who, in turn, should report to the Surgeon-General of the Army or to the secretary of the American Medical Association, as finally may be agreed on. In arranging for these meetings, one or two of the members should be selected to study up the matter so as to be prepared to outline to the assembly what is needed, especially as regards the physical and professional qualifications of the medical officer. THE JOURNAL has already published a large amount of literature on this subject, and it presents this week a sug-

gestive list of books, pamphlets and official publications, as well as references to articles on the subject which have appeared in THE JOURNAL. It will be easy for those interested to secure the literature required.

Officers of the constituent State associations should consider the advisability of calling together the House of Delegates to discuss the matter, especially as it may affect their State. As will be noticed elsewhere in this issue, this has already been done by Michigan. The whole State would be more likely to be represented in the House of Delegates than in a meeting of the general body; in the latter case the attendance probably would be limited to those in the immediate locality. If delegates are called together, each county secretary should see to it that at least one delegate from his county attends the meeting.

We appeal to the officers of the various constituent State and component county societies of the American Medical Association to realize the importance of this matter, and to appreciate the responsibility that rests on the organized profession to supply the nation with the necessary number of qualified medical officers. There is no reason for hysteria in this matter; there is need for calm, judicious action, so that the medical profession may in a tangible, practical way, show that it is prepared to do its part.—The A. M. A. Journal.

OUR MEMBERS' LOYALTY.

In these days of unrest and war excitement we should be careful in judging any members of our Society who are of foreign birth or parentage, as disloyal citizens, on newspaper reports. There may in some cases have been injudicious utterances under severe provocation, but we cannot believe that any reputable foreign-born physician who has gained riches and high position by becoming an American citizen could become disloyal to his adopted country or fail to support it in the present conflict.

One newspaper report, widely disseminated seems to have done great injustice to Dr. Mravlag, Mayor of Elizabeth and a very able physician, as appears evident from the following extract taken from a recent speech made by him in accepting an American flag:

"If there are people among us who, through ties of blood or birth, are linked with nations with whom we are at war, they will understand that by being loyal, by standing steadfast-

ly by the United States in this hour of peril, they will be but helping to perpetuate the liberty and equality which they enjoy in this country; and if it grieves their hearts to face those of their own blood on the field of battle they will know they are making the great sacrifice for the benefit of all mankind.

"It matters not what stock they come from—English, German, Irish, Slavic—they will be found true patriots, ready to endure hardships and make sacrifices in order to protect their rights and liberties as given them in the greatest democracy in the world.

"Though I have folks in another land, in accepting this flag for the city of Elizabeth, I do hereby pledge myself, body and soul, everything that I have, everything that I am or hope to be, to support that flag in everything that it stands for in the present world struggle."

SANITARY CODE CHANGES.

The Editor calls attention to the following important State Sanitary Code changes:

QUARANTINE PERIODS AND REGULATIONS FOR CONTAGIOUS DISEASES.

The following are the changes in the quarantine periods and regulations for contagious diseases brought about by the adoption of the new State Sanitary Code, which became effective June 1, 1917, and is to be enforced by local boards. All diseases must be reported according to this law to the local boards (except venereal diseases), within 12 hours after diagnosis:

Diphtheria—That the quarantine period be until two successive negative cultures have been obtained from both the nose and throat at intervals of not less than twenty-four hours or until the bacilli present have been shown to be non-virulent. If the quarantine is less than seven days, the negative cultures must be forty-eight hours apart.

Scarlet Fever—The quarantine period shall be until thirty (30) days after onset of the disease and until all abnormal discharges from the nose, ears, throat or suppurating glands have ceased.

Acute Anterior Poliomyelitis—The quarantine period which was stated by the Sanitary Code of the State has been changed, dating from June 20th, to be "until three weeks after onset of the disease and until the temperature has returned to normal." It will be noted that the physician attending such cases will be required to notify the Board of Health that temperature is normal at the end of the three week-period.

Venereal Diseases—Venereal diseases are reportable to State Board of Health hereafter. See item below.

Contagious Disease in Milk Handlers—

Cases of Asiatic cholera, diphtheria, dysentery, para-typhoid fever, scarlet fever, tuberculosis or typhoid fever, occurring on any dairy premises or dwelling of anyone occupied at such places, shall be reported to State Board of Health, Trenton, by telegram and writing by physician within 12 hours after he has made diagnosis.

Smallpox—All persons coming in contact with this disease in any way shall be vaccinated or quarantined. If vaccinated within three days of first exposure, the name and address shall be taken and he shall be kept under daily observation until successful vaccination results or for at least twenty days. If vaccinated after three days he shall be kept under quarantine until successful vaccination or for at least twelve days. Persons refusing to be vaccinated shall be quarantined at their own expense for at least twenty days from date of last exposure and until discharged by the health officer.

VENEREAL DISEASES NOW REPORTABLE.

The recent law passed by the State Legislature, March 29, 1917, requires every physician, nurse or other person who is treating or attempting to treat venereal diseases by prescription, formula, compound or patent medicine, to report immediately to the State Department of Health the name of the person afflicted with the disease, the sex, the address, the color and nationality of the said person, together with the character of the disease, the probable source of infection, and whether it has been reported previously or not.

The penalty for failure to so report is Fifty Dollars for each offense.

The law further provides for the free diagnosis of venereal diseases by the State Board of Health and for the furnishing of remedial agents such as salvarsan at cost. The State Board of Health in its Bulletin for May states that "complement fixation tests for gonorrhoea will be made in the near future, and the Wassermann tests for syphilis are now being made without charge when properly collected specimens are forwarded by physicians from persons who are residents of this State." Special blank forms for reporting venereal diseases to the State Board of Health are being printed and will be distributed to physicians and institutions in the State in the near future. The venereal diseases so reported are gonorrhoea, syphilis, chancroid or any other variety or stages of such diseases.

The record of such cases reported to the

State Board of Health is for all intents and purposes a secret record, and information of which can not be divulged except to legal prosecutors under certain conditions. It will be seen that this law makes the physicians or the person treating venereal diseases responsible to the State Board of Health for their reporting, the local Board of Health not being given any jurisdiction in this law.—C. V. C. in Newark Bulletin.

The new Medical Practice Act of Wisconsin represented a step backward in progress. The law provides that "any person duly licensed to practice osteopathy in this State at any time prior to January 1, 1916, shall be licensed to practice surgery, upon passing the regular examination of the board in surgery, and presenting evidence of having completed an adequate course in surgery at a reputable school or college of osteopathy and surgery, requiring not less than twenty months actual attendance thereat." Is not that "letting down the bars" for those who want to take a short cut to legal permit to practice surgery? The law also exempts chiropractors, providing each and every one of them hangs in his office a sign which says "not registered or licensed in Wisconsin." Christian Science healers also are exempt, and the law goes a step further and says that no person who selects Christian Science treatment for the cure of disease shall be compelled to submit to any form of medical treatment. Is not this an evidence of the cunning work of the League of Medical Freedom?

It is a sad commentary on justice and progress when those who practice regular medicine are required to have two years of college education and four years of medical school work before being permitted to practice medicine in Wisconsin, only to be put into competition with a lot of pretenders and incompetents recognized by the laws of Wisconsin.—Indiana Journal.

The American Association of Obstetricians and Gynecologists will hold its annual meeting in Newark, Sept. 17-19. Fuller notice will be given next month.

Dr. Gray's illness will probably delay insertion of Official Transactions until October.

The death of Dr. Charles Young, one of Newark's oldest and most respected physicians, occurred on July 14th.

CORRESPONDENCE.

Court Decision on Loss of Vision Case.

June 25, 1917.

David C. English, M. D., Editor:

In the Journal for June, 1917, page 256, under Medico-Legal Items, there appeared an article entitled "An Important Decision in the New Jersey Compensation Law." Will you kindly publish, in your next number, the following remarks:

The "paltry" sum offered by the insurance people was based on an estimated loss of 75 per cent. of vision, which I made as the result of two examinations, one on August 17, 1916, the other on November 28, 1916, plus the temporary disability which had been paid up to the time of trial.

The case was taken to court since the petitioner, through his attorney, insisted that compensation be awarded on the basis of 31 weeks of temporary, and 100 weeks of permanent disability. Judge Martin awarded 19 weeks for temporary and 98 weeks for permanent disability.

In his anxiety to demonstrate that I differ from all recognized authorities, the writer of the June article fails to quote Fuchs, the best of all, in full.

Fuchs text-book has this to say:

"The plan that naturally suggests itself of correcting the aphakic eye by a corresponding convex glass, and then making both eyes alike, proves to be impracticable." The reader is then referred to a foot note which states: "Not always. There have been cases in which the full correction has been successfully applied to the two eyes after cataract operation, and cases in which this can be done are probably more frequent than is supposed."

The reader is then referred to the paragraph on anisometropia which states. "In the large majority of cases, the patient will readily tolerate and find satisfaction in glasses fully correcting each eye, even when the difference in refraction is very great. There may be a period of temporary discomfort but even this is absent in many cases, and the final outcome is more satisfactory than when an incomplete correction is used. Moreover, by the use of the full correction combined with exercise of the poorer-sighted eye, the vision of the latter may be materially improved. In anisometropia it is particularly important that the glasses should be so centered as to produce the minimum of prismatic deviation."

Another foot note: "In many cases the obstacle that opposes an attempt at correction of both eyes is a muscular error. This produces diplopia which, so long as the image of one eye is indistinct, is not obtrusive and hence neglected, but which becomes annoying as soon as both images are made clear by the use of correcting glasses. In a few cases the trouble lies in the unequal prismatic effect of the unequally strong glasses. This causes diplopia when the patient looks through the periphery of the glasses and can generally be obviated by careful adjustment."

I wish to refer the writer of the June article, to the paragraphs on the same subject in the American Encyclopedia of Ophthalmology, which I fail to quote for the sake of brevity.

J. Lawrence Dias.

SPECIAL WAR ITEMS.

(Continued from page 324).

Acceptance of a Commission Should Indicate Willingness to Serve.

The Surgeon General's Office urges that physicians who cannot be spared from medical faculties or hospital staffs for active service shall not apply for or accept commissions in the Medical Reserve Corps.

Drafting of Physicians for the Army.—The promise of a full supply of surgeons for war needs, made by some enthusiasts during the meeting of the American Medical Association in this city having failed to materialize, it has now been suggested to the Council of National Defense that resort be had to compulsion. It is proposed that the necessary number of physicians be selected upon a basis of Federal classification by a medical census similar to the one recently taken in New York State.

Physicians on Exemption Boards.

These boards which pass on the claims of drafted men for exemption from military service, consist of two laymen and one physician. The physician's position is not a very desirable one. He will have to resist many earnest pleadings, probably some attempts at bribery, and be able to detect the malingering that is often practiced by men who are not entitled to exemption. The A. M. A. Journal says. The duties of physicians on these boards require not only honesty of purpose and courage to do right, even at the sacrifice of private practice, by also professional alertness to detect the various forms of malingering and misrepresentation that will be attempted.

Americans Man Field Hospitals.—A dispatch from "British Headquarters in France," under date of June 22, states that within the last fortnight American doctors, nurses and enlisted men have taken over six of the great general field hospitals, thus releasing the English staffs for service near their front. The American flag flies with the Union Jack from each hospital flagpole. Each of the general hospitals accommodates 1,400 patients, and in time of emergency can care for 2,000. The American hospital staffs have also organized mobile units for service in the casualty clearing stations just back of the firing lines for emergency work during the first days of great battles.

Association of American Physicians.

Doctors to serve at home.—Members of the Association of American Physicians, at their annual meeting at the Hotel Traymore, Atlantic City, N. J., on May 3rd, formally expressed their belief that they can best serve the nation by remaining at work at their hospitals and by giving their expert and specialized knowledge to the younger men who may be needed in unknown numbers on the battlefield. They anticipate that there will be great need for specialized knowledge at home and will so advise the National Council of Defense, which called upon them to find how they may best "do their bit." Members declared that this action is in line with the best medical thought of the country.

Dr. Carrel Will Teach American Surgeons.

Dr. Alexis Carrel, the eminent surgeon and perfecter of the Carrel-Dakin method of wound irrigation which has saved the lives of thousands of allied soldiers, has returned to America with his associate from France, to teach American surgeons, military and civil, what he had learned in the war hospitals of Europe about saving lives and limbs.

For this work a war hospital has been built here by the Rockefeller Institute for Medical Research. The hospital is complete in every way and was built in thirty days. It can be taken down and made ready for shipment in forty-eight hours.

Army surgeons designated by Surgeon General Gorgas will study the method at the hospital and civilian surgeons will be urged to do likewise.

Red Cross Preparation for American Troops.

—The American Red Cross, in Paris, has moved into new quarters in the Place de la Concorde, and has begun the establishment of canteens, restaurants, and dispensaries at railroad stations and junctions where the American troops will pass en route to the front. The canteens will supply food, and the dispensaries will have nurses and doctors in attendance. The same courtesy will be offered to the French troops, but such canteens are already in existence for the French soldiers. Many American women, all volunteers, are conducting this work.

Second Line of Medical Reserve.—Physicians of Philadelphia more than 55 years of age and consequently past the age for military services have organized under the auspices of the Philadelphia County Medical Society and will offer their services to the government for activities within their abilities, such as the examination of recruits for the army, the care of the injured, sick, disabled and convalescents, the care of defectives, the giving of lectures and demonstrations, and the like.

Physical Tests for Reserve Officers' Camp.

More than fifty applicants for the second officers' reserve corps training camp at Fort Myer, Va., were given physical examinations July 7th, at the city dispensary by Dr. Edward F. Fitzpatrick of Newark, and Dr. Ralph H. Hunt of East Orange. Beginning at 11 o'clock, the physicians had put thirty-five men through the initial stages by noon. They were kept at the dispensary until after 2 o'clock.

Other days for examination were designated. Both Dr. Fitzpatrick and Dr. Hunt are medical reserve officers, the former being a lieutenant, the latter a captain.

Predicts Normal Casualties in War.

Casualties in the present war will be no greater in proportion to the number of men engaged than in previous wars, was the statement made recently by Major David A. Kraker, head of the New Jersey Medical Reserve Corps. Major Kraker bases his opinion on confidential statistics of the losses to date of the Allied forces.

Previous wars have shown a casualty list of approximately nine per cent. of the men engaged, according to the major. The reason

for his belief that the list will be no greater in this war is to be found in the protective devices which have been invented to keep pace with the modern implements of destruction, and the lack of epidemics among the troops. Major Kraker is working to obtain New Jersey's quota for the medical reserve corps, which now consists of 150 men. The authorized strength is 350.

Fatalities Among Doctors in British Army.

The Official Bulletin—the government's daily newspaper, June 16, publishes an interview with Col. Goodwin of the Royal Medical Corps of Great Britain, flatly contradicting the story that "60,000 English doctors have lost their lives in the service." The total number of medical men in the British army is only 12,000; only 2 per cent. represents the total loss.

National Committee on Statistics and Information, National Council of Defense.

In anticipation of the social and economic problems likely to result from the German-American War, the National Council of Defense, through its Advisory Commission on Labor and Welfare—Mr. Samuel Gompers, chairman—has appointed Frederick L. Hoffman, statistician of the Prudential Insurance Company of America, chairman of the National Committee on Statistics and Information. The Prudential has offered the resources of its statistical department to the Advisory Commission, and sub-committees will shortly be organized in anticipation of the demand for trustworthy statistical and other information required by the national committees on wages and hours, women in industry, mediation and conciliation, industrial accident-prevention, etc. The plan is to inaugurate at once a national statistical service, whereby the state of the nation regarding health, physical and social wellbeing, sickness and accidents in industry, unemployment, etc., may be presented with scientific conclusiveness from week to week, for the information of the National Council of Defense and the public at large.

To Train Medical Officers.—The establishment of three training camps for officers of the Medical Corps was announced by the War Department on May 23. The camps are at Fort Benjamin Harrison, Ind., Fort Oglethorpe, Ga., and Fort Riley, Kan.; they opened on June 15 with 5,000 men in training. The men will receive three months of intensive medical and military training to fit them for the front. It is estimated that the services of 20,000 medical men will be needed. The following officers were designated to command the camps. Major Percy M. Ashburn, Major William N. Bispham, and Lieut.-Col. Henry Page.

American Hospitals Abroad.—Base Hospital No. 4, the unit recruited at the Lakeside Hospital, Cleveland, Ohio, which arrived in London on May 17 on its way to the front, was received in special audience by King George and other members of the royal family at Buckingham Palace on May 23. In a short speech the King said: "It is characteristic of the humanity and chivalry ever evinced by America that the nation's first assistance to the Allies should be in connection with a profession under the head of work of mercy."

A Sanitary Corps for the Army.

The Secretary of War has approved the creation of a Sanitary Corps under the Medical Corps of the Army which will include experts in sanitation, bacteriology, sanitary engineering and men skilled in supply, transportation and storage in connection with medical department work. This law will make it possible for the Medical Corps to make use of trained men not graduates in medicine. The total number of officers in the corps may be approximately equal to but not exceeding one officer for every 1,000 of the total strength of military forces.

Qualifications Under the Draft.

The two following items are taken from the A. M. A. Journal

Dr. Herman Cohen, Bronx, N. Y., asks whether a physician can be drafted for services who (1) is 37 years old, (2) has a left inguinal hernia, an abdominal scar from a previous operation, and (3) flat feet?

Answer.—1. The present draft law includes only men between the ages of 21 and 31 years. 2. An inguinal hernia may be a cause for rejection. Such a defect may ordinarily readily be corrected. 3. Flat foot is a cause for rejection when accompanied by symptoms of weak feet. Simple sinking of the arch of the foot is extremely common and unless attended with symptoms of weakness, is of no consequence. The strength of the foot is tested by requiring the applicant to walk on his toes and to hop on the toes of each foot. He should be able to rise on the tip toes strongly, to hop well, and to alight on the toes after springing from the ground. Pronounced cases of flat foot, attended with marked eversion of the foot and marked bulging of the inner border due to inward rotation of the astragalus, are disqualifying regardless of the presence or absence of subjective symptoms.

Information Relating to Appointments in the Medical Officers' Reserve Corps of the Army.

Under the new regulations for the examination of candidates for appointment in the Medical Officers' Reserve Corps of the Army, the candidate is required: First, to submit his application in writing to the Surgeon General of the Army; second, the application should be accompanied by two testimonials; and, third, the personal history blank, properly filled in as directed thereon, after having the same certified to before a notary public.

The requirements for appointment are that the applicant be a citizen of the United States, between 22 and 55 years of age, a graduate of a reputable medical school legally authorized to confer the degree of doctor of medicine, he must have qualified to practice medicine in the State in which he resides, and be in the active practice of his profession.

The examination is physical and professional; the professional examination to be oral, except in case of failure, when it will be written.

1. Practice of medicine, including etiology, clinical description, pathology, and treatment of disease; 2. Surgery—principles and practice; 3. Obstetrics and gynecology; 4. Hygiene—personal and general, especially as to the prophylaxis of the more prevalent epidemic diseases. Specialists will be examined in their specialty.

Commissions are issued for a period of five years, at the end of which time officers may be recommissioned in the same or higher grades, that is, first lieutenant, captain, and major.

The act of June 3, 1916, creating the Medical Officers' Reserve Corps, provides that in time of peace only those of the grade of first lieutenant may be ordered to active duty, and this with their own consent, but in time of war the services of officers of all grades are at the disposal of the government.

Editorials from Medical Journals

The Physician's Perspective.

From the Nebraska State Journal.

It is interesting to note the changes that take place in the practice of medicine as changes take place in the economic life of a community. In the sparsely settled community before the advent of rapid transportation the family doctor was a specialist in all lines. This broad view of medicine mingled with intimate contact with human life in all its phases enabled him to guide the sick of the community safely over many pitfalls.

With the introduction of rapid transportation, the common use of the telephone in rural communities and the increase of urban population a new type of physician was forced into existence, the specialist. For a time the idea of individual specialists prevailed but now the pendulum is swinging in the other direction pointing the way to the combination of specialists. By a group of men, each one a specialist in one thing, working together, the patient gets the service of an expert in all parts of his examination and treatment. This kind of organization gives the maximum of service at the minimum of cost and has a broadening effect on every physician in the organization, helping him to look at the human body as a whole rather than made up only of that part of the anatomy to which he devotes special study. This broad view is the only rational view for a physician and we should use every means to preserve such a perspective.

Dollars and Sense.

From the Delaware State Journal.

Every professional man has his tale of woe to tell regarding bad bills. One man, a doctor, claims that during forty years' practice he lost over \$100,000 in this way. As a rule the professional man is paid last. Every one comes before him. And often he is never paid. Here is a man who had the courage of his convictions. Read his solution of this ever-present problem, as presented by the New York Evening World:

"Yes, it required a good deal of sheer moral strength to put my practice upon a cash basis," said a successful dentist recently. "But with me it was simply a case of adopting this plan or of going out of business. One day I went over my books and found over \$11,000 in accounts six months past due. And a substantial portion of that \$11,000 represented an actual outlay on my part for gold and other supplies. Well, I saw red for a minute. And it was my indignation that gave me the courage to take the crucial step. A new patient entered a few moments later. I looked over his teeth, told

him that it would cost him at least \$125 to have the work done and calmly informed him that I operated on a cash basis. I'd have to receive \$25 on the spot and the balance in installments at each visit. The final payment would be made on the last visit.

"He promptly drew his check for \$25 without a murmur. Next day I commissioned my printer to run off several hundred announcements outlining my new cash policy. These were worded as tactfully as possible and yet were firm and unequivocal. I mailed them to my list of patients. I lost a few patients, of course, but they were of a type that I was glad to lose. Most of my clientele offered no objection. Since that time I have not lost a dollar in bad accounts. And that's some record for a dentist handling my grade of patronage. Furthermore, I have told many of my colleagues of my policy and they, too, have adopted it. I estimate that my average annual net income was increased at least \$3,000 by this step."

Health Insurance.

From the Medical Times.

Compulsory health insurance will relieve nobody but the charity organizations. It is nothing but a miserable palliative for the evils of poverty. Wages may have gone up in the past few years, but the purchasing power of the dollar has fallen, and the working man is no better off than he was twenty years ago. This is evident to anyone who will examine Chapin's Standard of Living, or Scott Nearing's work on wages, or the statistics of the United States Bureau of Labor. A working man's family of normal size can have no surplus worth talking about at the end of any year, if indeed it can make ends meet after living decently.

Compulsory social insurance ought to be abhorrent to a democracy anyway. It is wholly foreign to the genius of American life. From any point of view excepting that of our professional philanthropists (?) it is a deplorable measure.

If conditions in the world of labor were what they ought to be, such a hideous device as compulsory health insurance would be inconceivable. The passage of such legislation is indicative of the hopelessness of labor's plight.

The profession should decline to be used in the putting over of such schemes, and the workers should refuse to accept candy sticks in place of economic justice.

If our boasted altruism is anything but hypothetical, and if we have not reached an utterly cretinoid state, this kind of legislative "frightfulness" will be throttled beyond hope of resurrection.

Military Training and Venereal Disease.

From Colorado Medicine, March.

There are many indications that nations which have so far avoided conscription are rapidly drifting toward its adoption, largely impelled by the fear of involvement in international warfare for which they feel themselves at present unprepared. Much is said in favor of the physical advantages to be gained by the youth of the nation from a course of compulsory training. There is unfortunately a dark side to the picture. Dr. S. Pollitzer,

former president of the American Dermatological Society, testifying recently before a sub-committee of the Senate committee on military affairs, declared that the experience of the world had shown that in large military camps of young men of the age of eighteen to twenty years, there was great danger of increasing the incidence of venereal diseases. "All armies of the world," he says, "are more or less riddled with venereal diseases. It is an unenviable distinction that our own army, according to official reports, has a larger percentage of alcoholism and venereal diseases than almost any other army in the world." There has recently been in England a good deal of discussion of the various grave problems involved in the tremendous increase in the number of cases of venereal disease among men in training camps, and it must be remembered that these infected men carry their disease home to their families.

Editorials from Secular Press.

Aimed at the Vaccine Point.

From the Newark Evening News.

Anti-vaccinationists have succeeded in forwarding a bill at Trenton that would make it impossible for school boards to require that pupils must be inoculated with anti-smallpox virus before they can attend the public schools, and they are anticipating that the measure will be passed.

Should their hopes be realized, they would open the school doors a crack, at least, for the entrance of a dreaded disease, epidemic, and at the same time they would upset a home rule principle that governs now in the law on the subject. Local school boards can at present require vaccination of pupils or not, but the pending bill would give them no discretion in the matter. They would have their hands tied by a law favored by a few obstreperous doubters in the science of the control of smallpox, regardless of the evidence of years of medical history.

If the existing law is to be changed, it would be more to the point to have vaccination made compulsory rather than to prevent the setting up of such a safeguard against an epidemic of smallpox.

The Child Welfare Clinic.

From the Bayonne Evening Times.

Thirty-three children, who were stricken by infantile paralysis last summer now are receiving treatment at the clinic established in this city for that purpose. The reports from the clinic show that splendid results are being accomplished and that some of the children are on the way to complete recovery. Were it not for this clinic, these children would have been doomed to be cripples for life, a burden to themselves and others. Is not such an institution well worthy of support? To carry on the work of the clinic will take more money than the Child Welfare Commission now has in hand. The treatment, of course, is expensive, but the results are well worth every cent expended. It is not too late now to make a contribution. Much of the credit for the success-

ful carrying on of the work is due to Dr. Riha. He has been indefatigable in caring for the children under his observation even at the expense of his private practice. Dr. George H. Sexsmith and Dr. H. J. Bogardus, a specialist, also are greatly aiding in restoring use to the paralyzed limbs of their infant charges.

Therapeutic Notes.

Alcohol—A Substitute for.

In case of chronic alcoholism:

Tinct. nucis vomicae, 3ss

Tinct. cinchonae comp., ʒiv

Tinct. capsici, ʒi

Tinct. gentianae comp., q. s. ad. ʒvi

M. Sig.: One dessert spoonful four times a day well diluted.—Critic and Guide.

Hands—Rough—Remedy For.

Physicians whose hands are dipped often in antiseptic solutions, or rough and hard, will appreciate the following:

Olei rosae, gtt. x.

Glycerin, ʒi.

Bay rum, ʒiij.

Olei cajuputi, gtt.xx.

M. et Sig.—Rub on hands each night with great regularity and during day before going out in the air.—D. L. Field.

Hiccoughs.—It is stated that a morsel of sugar dipped in vinegar and placed in the mouth will stop hiccough immediately.

Relief of Mosquito Bites.—Dissolve 1/10 gram of menthol and 3 grams of formalin in 7 grams of alcohol, and apply a very small quantity to each bite.—Clinical Medicine.

Remedial Value of Apples.—Ripe, juicy apples eaten at bedtime every night will cure some of the worst forms of constipation (Med. Summary, May, 1917). Sour apples are the best for this purpose. Some cases of sleeplessness have been cured in this manner. People much inclined to biliousness will find this practice very valuable.

Prickly Heat.

Bismuth subnitrate, ʒiij.

Zinc oxid, ʒj.

Glycerin, fl. ʒiss.

Rose water, q. s., ad. fl. ʒvj.

Mix bismuth and zinc with glycerin and rub well. Then add the rose water. Shake well before using.

Sig.: Apply twice a day after the body has been thoroughly cleansed with hot 10 per cent. sodium bicarbonate solution.

Three applications usually effect a cure.—Coffman, Med. Brief.

Rheumatism—Acute.

In cases of acute rheumatism, Pedro V. Cernadas (Semana Medica) recommends daily intravenous injections of sodium salicylate. This is the solution.

Sodium salicylate, 5 parts

Cafferin citrate, 0.25 part

Distilled water, 25 parts

Give daily from six to ten cc. The salicy-

late must be chemically pure and the solution kept in the dark.

Treatment for Hemorrhoids.—E. H. Terrell recommends the use of the injection of quinine and urea in solutions of from 5 to 20 per cent. for the relief and cure of hemorrhoids. The injection of the solution eventually produces starvation and atrophy of the hemorrhoids.

Tonsillitis—Acute.

Here are two formulas for tonsillitis; the first is by that distinguished author Dr. A. H. Smith:

Tinct. aconite root, minims xvj.
Tinct. chlor. iron, 5j.
Chlorate potass, 3j.
Glycerin, 3vj.
Aqua, q. s. 3ij.

M. Sig.: Teaspoonful every hour until improvement is marked—then every two or three hours. The dose is to be slowly swallowed, so as to be in contact with the fauces, as long as possible.

Dr. Samuel O. L. Potter says the following formula rarely fails to give him results, when he sees the case of acute tonsillitis early:

Tinct. guaiac ammon.,
Tinct. cinchon, comp., aa
Clarified honey, 3iss
Potassium chlor., ii3ss

Shake this vigorously and add:

Water, enough to make eight ounces.

M. Use as a gargle every half hour, but swallow a teaspoonful every four hours. Boiling water should be used in compounding this prescription.

Diabetes Mellitus—Dietetic Treatment in.

Dr. Williamson, in the *British Medical Journal*, offers this method of treatment on account of its simplicity and efficacy, and states that it is worthy of trial when the ordinary diabetic diet does not promptly check the glycosuria. The treatment lasts for a week or ten days; during this period the patient ceases work and rests on a sofa. Every two hours a small amount of food is given, according to the diet sheet: 8 A. M.—Coffee, or tea, with one tablespoonful of cream. One egg (poached, boiled or buttered). 10 A. M.—A glass of warm milk (half a pint). 12 noon—Custard (prepared from one egg and half a point of milk). 2 P. M.—A glass of warm milk (half a pint). 4 P. M.—Tea, with one tablespoonful of cream. One egg (poached, boiled or buttered). 6 P. M.—Cream, two tablespoonfuls, in half a pint of warm beef-tea. 8 P. M.—A glass of warm milk, or one egg beaten up and added to half a pint of warm beef-tea. 10 P. M.—Cream, two tablespoonfuls, in half a pint of warm beef-tea.

The patient takes no other food and the bowels are kept regular; the order of the meals may be varied to suit the individual. In many cases the glycosuria ceases within a few days and nearly always within ten days, but if such is not the result, this diet must be discontinued. After the cessation of the glycosuria, Williamson changes gradually at the end of a week or ten days to solid food. First, a little diabetic bread is allowed with the tea in the morning and afternoon and two of the other meals are omitted or diminished. Then a day or two later

bacon and green vegetables are allowed, followed by custard, in place of the meals at 12 noon and 2 P. M., and the meals at 10 A. M., 6 P. M., and 8 P. M. are omitted, and the tea and egg taken at 5 P. M. instead of 4 P. M. If the glycosuria does not return then the bacon at midday dinner may be replaced by fish and later by fowl or meat. Later the ordinary diabetic diet may be allowed and still later, a small amount of white bread.

Enuresis.—When this condition is caused in children by highly acid, scanty urine Chapin and dPisek employ acetate or bicarbonate of potash, 5 gr. of either, in a half-glass of water three times a day. Water should be administered freely during the day. Where the principal cause is due to excessive irritability of the detrusor muscle, belladonna, by its action on unstriated muscle fiber, will correct the difficulty. For a child of five years, grain 1/400 atropin sulphate or tincture of belladonna, minims v, may be administered towards night, and dose increased until there is dryness of the throat and flushing of the skin. If no relief is given by this drug, it should be discontinued upon the appearance of above symptoms. When the condition is produced by weakness of the sphincter, nux vomica or strychnin and ergot will stimulate the nerve centers and increase tonicity. Tincture of nux vomica, minims 5, and fluid extract of ergot, minims 5 to 10, well diluted in water, may be given three times a day to a child of five years. The last remedies may be used indefinitely, as full results may not be obtained under several weeks. General hygiene should be supervised and a non-stimulating diet recommended.—*Diseases of Children.*

Leg Ulcers.—Dr. W. H. Good, Philadelphia, says: In eighteen years of private practice there have been but two cases of leg ulcer that I have not been able to clear up in a couple of months' treatment; one of these being an old, 300-pound, chronic nephritic of not exceptionally clean habits to say the least. As I remember dispensary treatment, the nurse would take off the dressing and as thoroughly as possible irrigate the ulcer with a bichlorid solution, apply some ointment, the nearest at hand would do if it had not been used before on the case, a piece of gauze placed on it and kept in place at least until the patient gets out of the hospital by a portion of a new bandage or the old partially soiled one that the patient had rolled while waiting. Personally I have been able to accomplish much with these cases. The ulcers are not washed off at all, the discharge is simply removed with sterile cotton. If there is a foul and free discharge, the ulcer is touched up with a 1 per cent. potassium permanganate solution, or if probably syphilitic, a small amount of ointment of ten grains of the yellow oxid of mercury to the ounce of petrolatum is applied. A piece of gauze is put over it, and most important of all, the leg is covered from knee to ankle with a generous layer of common cotton, the common cotton being more elastic than the absorbent. The leg is then firmly and thoroughly bandaged, and redressed every four or five days. The patient is cautioned to rest it as much as possible.

Hospitals; Sanatorium.

Orange Memorial Hospital.

A gift of approximately \$25,000, half the cost of the new service building about to be erected at the Orange Memorial Hospital, made by Mrs. Farnham Yardley as a memorial of her father, the late Alfred B. Jenkins, has enabled the hospital management to start that addition on its way. Part of the cost will be met out of the proceeds of the 1913 campaign.

Demands on the obstetrical department have so increased that it is often necessary to deny admission to both private and ward patients. To pave the way for the increase in facilities, a friend has given the hospital \$2,000 as the nucleus of a fund that is being raised for the erection of a building devoted entirely to this work. The work will be started as soon as friends of the hospital subscribe the amount needed.

Beth Israel Hospital Training School.

The commencement exercises of this school were held May 31, 1917, when seven nurses received their diplomas. Rabbi Solomon Foster delivered the address.

Bridgeton Hospital Training School.

Three nurses graduated from this school on the evening of June 28. Dr. Stacy M. Wilson delivered the address to the graduates.

Bonnie Burn Sanatorium.

Dr. J. E. Runnells, superintendent, reports for June as follows: On June 1st there were in the sanatorium 133 patients—83 men, 50 women; 37 were admitted during the month—3 incipient, 16 moderately advanced, and 18 far advanced cases. The largest number treated was 147, the smallest 132.

Women on State Hospital Boards.

In accordance with Chapter 76 of the laws of the last session, Governor Edge July 5 appointed Mrs. Agnes Cromwell of Mendham and Mrs. Elizabeth H. A. Harris of Glen Ridge as members of the board of managers of the State Hospital at Morris Plains. Mrs. Harris is the wife of Dr. H. Crittenden Harris, a former medical director of the State Hospital.

The Anesthetist.—The surgeon is greatly dependent on the anesthetist. The risks of anesthesia should not be disregarded, and will not be underestimated by any one who has encountered fatal idiosyncrasies in patients. In a difficult case the skill of the anesthetist may be of no less importance than that of the surgeon himself.—S. S. Goldwater, M. D.

End-Result Investigation.—The investigation of surgical end-results is a matter of serious importance. The employment of special workers to carry on end-result investigations in the field is now the practice of a number of hospitals. Despite the cost involved, such proposals should be sympathetically received by hospital administrators. The hospital is one of the greatest of existing social institutions, supported in this country at a total cost which staggers the imagination. The value of its

output must not be assumed, but must be proved. The altruistic hospital surgeon will not permit his equanimity to be disturbed by the revelations of end-result investigations; if the disclosures are sometimes surprising, they are always instructive.—S. S. Goldwater, M. D., Modern Hospital.

The Closed Hospital.

There is the hidden danger that, in clamoring for its own, the so-called organized profession may set itself to tilting at windmills. This seems to be about what has happened in regard to the closed hospital idea, which has been vigorously attacked by various medical societies in different sections of the United States.

The term "closed hospital" refers to a hospital in which all the work of medical organization and activity is performed by a limited number of men, selected to fill their respective positions by virtue of their special fitness. A group system of this sort is, in every sense of the word, typical of the very best scheme of organization in every other field of corporate or industrial activity. It postulates no inherent superiority in mental equipment or medical capacity of the special group of men who comprise the closed hospital staff, other than that their special qualifications have been investigated and found to be satisfactory. The methods of this group of men may be at variance with those of individual non-staff physicians, but not necessarily better. The important point is that these men enjoy the rare privilege of being able to standardize their methods so as to render unqualifiedly better service to patients, and to young physicians and nurses in training, than could possibly be rendered by an equally competent but heterogeneous and ever-changing set of physicians.

If one admits the inherent superiority of this type of united effort—and no one has yet effectually denied it—how is it possible for any protest? The answer is not far to seek, and rests on the fact physicians are, in a measure, losing sight of the truth that, from time out of mind, their calling has been held holy by virtue of the fact that it typifies service. Material as is this day and age, there is something not totally pleasing in a protest which ignores this ethical ideal. A hospital primarily represents the community's interest in the sick; the profession should look to it very sharply before entering a plea of interference with their material interests. They must not be unmindful of the fact that in those centers of medical activity where hospital organization has evolved slowly to its highest efficiency, it is the closed hospital that stands as the representative and dominant idea of hospital service. Nor, on the other hand, should the closed hospital staff be unmindful of its trust. Abuse of trust and privilege on the part of staff members is, unfortunately, too common; more than that, it is probably responsible for much of the hue and cry that is being raised against the closed hospital. But granting this, we must not lose sight of the fact that the way to apply the proper corrective lies in pointing out a failure to render service, rather than in emphasizing the material loss sustained by worthy colleagues.—The Interstate Medical Journal.

Marriage.

LEWIS-CURTIS.—In Trenton, N. J., July ..., 1917, Dr. Thomas K. Lewis of Camden, N. J., to Miss Bessie Curtis of Trenton.

Dr. Lewis is at present a lieutenant in the Fourth Infantry.

Personal Notes.

Dr. Fred H. Albee, Colonia, and wife spent two weeks in Maine last month.

Dr. W. Homer Axford, Bayonne, and wife are spending the summer in Chester, N. J.

Dr. Thomas W. Bebout, Stirling, has been appointed captain of the Stirling National Defense Rifle Club.

Dr. William J. Burd, Belvidere, and wife were seriously injured in a collision of their auto with a wagon. The doctor had three ribs fractured and his wife received severe injuries.

Dr. William S. Colfax, Pompton Lakes, spent some days last month at Ocean City.

Dr. Aldo B. Coultas, Madison, has been appointed one of the surgeons of Overlook Hospital, Summit.

Dr. James Douglas, Morristown, and family made a pleasant auto trip to Poughkeepsie, N. Y., last month.

Dr. Benj. Gutmann, New Brunswick, is in charge of the tuberculosis clinics in that city.

Dr. Henry A. Henriques, Morristown, returned recently from a hunting trip in Canada.

Dr. Edgar Holden Jr., Newark, and family will spend August at Yarmouth, Cape Cod.

Dr. Cadwell B. Kenney, Summit, and wife are spending the summer in Canada, will return September 1st.

Dr. Emanuel Klein, Bayonne, has recently recovered from an operation for appendicitis performed in the Bayonne Hospital.

Dr. Jesse D. Lippincott, Newark, and wife last month motored to Wilmington, Del., and Fort Myer, Va. At the latter place their son is in the training camp.

Dr. Herbert Long, Newark, and family are occupying a cottage for the summer at Budd Lake.

Dr. Clifford Mills, Morristown, spent a few days at Lake Hopatcong last month.

Dr. Augustus J. Mitchell, Newark, and wife are at their summer home in Belmar.

Dr. Thomas R. Pooley Jr., Newton, is the instructor of a class of 25 in first-aid and home nursing, there organized.

Dr. Charles H. Scribner, Paterson, and family are spending the summer in their cottage at Fern Lodge.

Dr. E. Blair Sutphen, Morristown, and wife are spending the summer at Monmouth Beach, New Jersey.

Dr. Charles I. Silk, Perth Amboy, has been authorized to examine patients seeking admission to the State Tuberculosis Sanatorium at Glen Gardner.

Dr. Ernest Thum, Bayonne, and wife, expect to spend the summer at Lake Sunapee, N. H.

Dr. Peter J. Zeglio, Plainfield, who suffered from a severe accident and underwent treatment in Muhlenberg Hospital, has recovered.

Dr. Peter C. Young, Ringoes, had his new six-cylinder car stolen on the evening of July 2nd.

Dr. Alfred C. Benedict, South Orange, returned recently from Leek Island in the St. Lawrence River, where he was engaged in medical work in the Hospital for Canadian Wounded.

Dr. Charles S. Pancoast, Camden, will leave early next month to take charge of Field Hospital No. 3 on the French front.

Dr. Edward B. Rogers has resigned as a member of the Exemption Board of the Second District, Camden County, owing to his entry into the Medical Reserve Corps.

Dr. Frank M. Donohue, New Brunswick, wife and son went to Cape Cod, Mass., by automobile last month and spent ten days there.

Dr. J. Corwin Mabey, Montclair, and wife spent a week in the White Mountains in July.

Dr. Herbert W. Nafey, New Brunswick, awaiting call to Navy service, taught first aid to a class of summer school students of Rutgers College last month.

Dr. Joseph H. Marcus, Atlantic City, had a paper on "Shame and the Physician," in the Medical Record of June 30th.

Dr. Henry C. Pierson, Roselle, is spending a few weeks at Spring Lake, N. J.

Dr. Herbert W. Foster, Montclair, left recently to join his family at South Bristol, Me., for a few weeks.

Dr. Edward E. Worl, Newark, and wife are spending the summer in Morristown.

MEDICAL EXAMINING BOARDS' REPORTS.

	Exam.	Passed.	Failed.
Illinois, October	123	88	35
Minnesota, April ...	8	8	0
New York, January..	150	116	34
Rhode Island, April	5	4	1

Public Health Items.

State Department of Health.

At the annual meeting held July 3, Dr. William H. Chew, Salem, was re-elected president, and Dr. J. Oliver McDonald, Trenton, was elected vice-president. Dr. Charles B. Lee, Camden, successor of Dr. Edward A. Ayers, Branchville, was present with the board for the first time since his appointment.

Poliomyelitis Case. — A six-year-old Italian child died in the isolation hospital at Elizabeth, N. J., on May 21. This was the first case reported in the neighborhood this year. In Newark 4 cases were reported in June with one death.

Newark Board of Health.

The report for June shows a morbidity in reportable cases of 2,791, the highest numbers of cases being German measles, 725; whooping cough, 425; measles, 243, and tuberculosis, 186.

The mortality report shows 410 deaths from all causes; kidney diseases, 57; heart disease, 46; tuberculosis of lungs, 35; accidents, 30; cancer and apoplexy each, 28; pneumonia, all forms, 37; meningitis, 10; diphtheria, 5; infantile paralysis, 1.

Ninety-five patients were treated at the Verona Sanatorium; 15 were discharged. At the last children's clinics 198 were examined, and at the adult clinics 61. In the Child's Hygiene Division 180 new babies were placed under supervision; 43 supervised mothers were delivered, with 42 living births.

No Infantile Paralysis.—The New York City Board of Health has issued a statement to the effect that the city is apparently free from poliomyelitis this season. Last year at this time there had been 1900 cases of infantile paralysis reported since the beginning of the year, while so far this year only 77 cases have been reported.

Untrained Health Officers.—Here is a place where the trained officer shows his value. An untrained man cannot initiate, cannot lead. He will follow and copy. He is likely to be forced by well-meaning people outside the department to give undue prominence to things not at all of first importance—to "swat-the-fly" campaigns, fights on food adulteration and white-washing dairy barns, instead of attending to such unexciting features as birth registration, sewage disposal and a pure water supply—Alice Hamilton in Survey.

The Cure for Alcoholism.—The education of public opinion and private habits is at present the only reasonable and promising measure at the service of the public health officer and the private practitioner in the effort to have the general use of alcoholic beverages—and the largest single cause of poverty and sickness—abandoned. Other habits also as to housing, eating, personal cleanliness, recreation, etc., are certain to be modified by education, and in no other way.—Haven Emerson, M. D., "Preparedness for Health."

Water Filtration.—The first effective filter to be put into use in the United States was installed at Poughkeepsie, N. Y., about 1875. The development of water purification in the United States since that time has been rapid, especially during the latter part of the period, as may be illustrated by some statistics cited by Mr. George A. Johnson, who estimated that in 1900 somewhat less than 2,000,000 people in the United States were supplied with filtered water, while in 1911 the population supplied was approximately 8,000,000, and is at present about 20,000,000.—W. H. Frost, M. D., Public Health Report.

Taking Advantage of Home Climate.—Many live, work and sleep in a quite unsuitable atmosphere, and at the same time the outdoor atmosphere conditions may be very good. A person may live in a locality with a favorable climate and yet actually himself live in a very inferior atmosphere. Indoor climate and outdoor climate are two quite different things, and usually the outdoor climate is far the better.—Asst. Surg.-Gen. J. W. Trask, Public Health Reports.

Education Methods and Dependency.—The community that would neglect completely its water supply, but would equip modern hospi-

tals for the care of its typhoid patients, would show little judgment; but the community that would devote most of its philanthropic interest to the management of the end-products of dependency—the jails, reformatories, almshouses, foundling asylums—while neglecting the efficiency of its school systems, would be no more intelligent.—C. Mache Campbell, M. D., Mental Hygiene.

The Needless Deaths of Peace.—Osler in speaking recently of the needless deaths of peace, stated that in 1915 "while nine of our soldiers abroad died every hour to save their country, twelve babies died at home in the same time." He said of syphilis that it is an easy first among the ten best killers; and of the gonococcus, that although it is not a great destroyer of life, it is the greatest known preventer of life. "With 30 to 40 per cent. of all cases of congenital blindness, with the chronic pelvic mischief in women, and with the unhappiness of sterile marriages, as a misery producer, the gonococcus is king among germs." He regards them as the most formidable enemies of the race, "entrenched behind the strongest of human passions and the deepest of social prejudices," but adds that the outlook is bright "as the public is being awakened, the State is intervening, and the changed heart of people is allowing the sinner to get Christian treatment."

Books Received.

All books received will be mentioned by title with the names of their authors, publishers, etc., and this will be considered by the committee as sufficient acknowledgment to the publishers. Selections will be made for review as the merits of the books or the interests of our subscribers may warrant.

Diagnosis from Ocular Symptoms. By Matthias Lanckton Foster, M. D., F. A. C. S., Member of the American Ophthalmological Society; Ophthalmic Surgeon to the New Fochelle Hospital; First Lieutenant in the Medical Reserve Corps, United States Army. New York; Rebman Company, 1917, Pp. XVII.490.

Dr. Foster has attempted to "analyze the symptoms that appertain to or appear in the eye select certain ones for points of departure and arrange the others into syndromes, showing how those which resemble each other differ, and how exclusion is to be made."

The preface leads the reader to expect something new in the system of presenting the various eye affections,—a system based on predominating symptoms,—but in this he will be disappointed, as the usual anatomical arrangement has been followed. However, the book is very well written in Dr. Foster's usual clear, concise style, and every chapter is up to date. The free use of heavy type, throughout the text, for the more important terms in a paragraph, is a great aid in rapid reading.

The general practitioner will find in this book all that he wants to know about the eye in a reliable, get-at-able form, and the ophthalmologist may spend many a profitable half hour reviewing half-forgotten facts presented in a pleasing style.

Dr. Foster gives the latest facts concerning the etiology of iritis, a subject which will need

revision in future editions of all text-books published more than a year or two ago.

The chapter on headache, neuralgia and eye-strain contains much sound, practical advice.

The book is made of light weight, dull surface paper and printed from large type.

E. S. Sherman.

The Treatment of Emergencies. By Hubley R. Owens, M. D., Surgeon to the Phila. General Hospital; Asst. Surgeon to the Phila. Orthopedic Hospital and Infirmary for Nervous Diseases. Chief Surgeon to the Phila. Police and Fire Bureaus; Asst. Surgeon Medical Reserve Corps, U. S. Navy. 12mo volume of 350 pages with 249 illustrations. Philadelphia and London, W. B. Saunders Company, 1917. Cloth, \$2.00 net.

"This book," as the preface states, "is essentially an enlargement of lectures to policemen and firemen of Philadelphia," delivered at their training schools; it is much more than that now and the additions and emendations which have been found necessary have made it what seems to the reviewer an exceedingly valuable book, a copy of which really ought to be placed in every large commercial first-aid station and which can be safely recommended to one's patients who ask for something of that nature. The reviewer was struck by the conciseness and the good sense of the advice given, and the fact that all the emergencies were fully discussed.

A. A. S.

A Text Book of First Aid and Emergency Treatment by A. C. Burnham, M. D., Med. Corps, U. S. R., Instructor in Surgery Polyclinic Hospital, New York City; Attending Surgeon, Dept. of Surgery, Vanderbilt Clinic, College of Physicians and Surgeons, New York City. 307 pages, illustrated with 160 engravings and 2 plates. Lea and Febiger, Philadelphia and New York, 1917. Price, \$2.00

Another manual with a similar message but handled from an entirely different angle; and as the author states in his preface, "In the preparation of this book the author has kept in mind the requirements of both the untrained first-aid worker and the advanced student who may expect to practice the art under the conditions of modern warfare." If any criticism can be directed against this timely work it is, that it attempts too much in the space available; it should, however, prove a valuable vade mecum for those of us who are now engaged in teaching first-aid classes that have been engendered by the present war status.

A. A. S.

Medical and Surgical Reports of the Episcopal Hospital of Philadelphia; Vol IV., Philadelphia, Press of Wm. J. Dornan, 1916. Edited by Astley P. C. Ashhurst, M. D., 326 pages, with many plates, plans and photographs.

It was with great pleasure that the reviewer hailed the receipt of this volume for review for the one that reviewed last year's volume was enthusiastic in its praise. The same can be said of this volume. It would be folly to attempt to detail all the interesting good things it contains but it pre-eminently leaves this thought on one's mind. Why do not all hospitals show that altruistic spirit, and share the lessons learned in their wards with those

outside? Is it because there is not always "a generous friend" who pays for the printing?

A. A. S.

"A Plea and a Plan for the Eradication of Malaria Throughout the Western Hemisphere." By Frederick L. Hoffman, LL. D., Statistician of the Prudential Insurance Company of America.

An Address Read in abstract before the Southern Medical Association Tenth Annual Meeting, Atlanta, Georgia, November 14, 1916. Dedicated to the National Committee (of the United States), on Malaria Eradication, organized May 10, 1916, in accordance with Article 39 of the Final Act of the Second Scientific Pan-American Congress, Washington, 1916.

This valuable pamphlet can be had upon request to The Prudential Insurance Company of America. It is a work showing careful study and is worth the most careful perusal.

"Mortality Statistics of 1915." Sixteenth Annual Compilation (1917). Issued by the Bureau of Census of the Department of Commerce of the United States. Sam. L. Rogers, Director.

A large volume of carefully tabulated details.

"Proceedings of the Medical Association of the Isthmian Canal Zone." For the half year, January, 1916, to June, 1916. Vol. IX. Part L. Published by The Health Department of the Panama Canal.

A gathering of twenty-two excellent articles by members of the Association.

"Special Investigation of Poliomyelitis, 1916. Report of Committee Appointed by the Mayor to Co-operate with the Department of Health." Issued by the Department of Health, City of New York.

A careful study of the recent epidemic, from which much can be learned.

"Twenty-second Report of the Board of Health of the Town of Montclair, New Jersey." From January 1, 1916, to December 31, 1916.

This report is a fine specimen of what an up-to-date Board of Health should do and can accomplish.

"The Influence of Secretin on the Number of Erythrocytes in the Circulating Blood." By Ardrey W. Downs and Nathan B. Eddy. From the Physiological Laboratory of McGill University, Montreal, Canada. Reprinted from The American Journal of Physiology, Vol. XLIII, No. 3, June, 1917.

"Rural Obstetrics." By Grace L. Meigs, M. D., of the Children's Bureau, United States Department of Labor, Washington, D. C. Reprinted from the Transactions, Seventh Annual Meeting, American Association for Study and Prevention.

"1917-1918 Bulletin of the School of Medicine of the Leland Stanford Junior University."

"May, 1917.. Circular of Information (Vol. XVII., No. 5) of the University of Chicago." Seventy-fifth Annual Announcement of the Rush Medical College.

PUBLICITY IN HEALTH WORK.*

Abstract of address by Edward A. Moree, Advisory Expert in Public Health Education, New York State Department of Health.

Printers' ink should be entered in the pharmacopoeia as an accredited remedy for human ills. It is now being used by physicians—at least by those who are engaged in wise public health work—as a life-saving agent.

We, in New York State, are giving our people large doses of printers' ink. It is pretty nearly a panacea for all human ills. It prevents tuberculosis and at the same time builds hospitals to cure it; it saves the lives of children—one thousand more of them are to-day alive in New York State than would have been alive had the 1914 death rate prevailed in 1915—largely because of the administration of printers' ink in large doses by the State department of health; even epidemics of small-pox are controlled by printers' ink, aided in small part by vaccination. Niagara Falls suffered under an epidemic that kept on increasing for a whole year, until the facts began to get into the newspapers and the newly organized State department of health took hold of the situation. It was then that Dr. Biggs announced it as his unalterable policy to give the greatest publicity possible to all epidemics. It was the realization of the fact that the people of the State would inevitably know what was going on in Niagara Falls that led the officials of the city to carry out with a minimum of protest the orders of the State department of health. You may cure individuals of their ills in the privacy of the sick room, but to cure the public of its ills you must get into the newspapers.

Public health work means effort to change the lives and habits of the people. We must change the lives and customs of the people with reference to cleanliness, sanitation, fresh air, eating, sleeping and drinking. The bean bakery will spend \$100,000 on advertising and publicity to put their particular beans in the mouths of a million and a half people. We, as a community, however, hesitate over spending a few hundreds to put fresh air into the homes of the people and to show them the means of right living with reference to health. We will never reach the goal of ultimate achievement in public health work until we realize that precisely the same principles govern the sale of public health to the community as govern the sale of beans, pickles, crackers and bacon.

Personally, I see no reason why the community should not advertise its health work and pay for it as intelligently and even as liberally as a merchandizer. It is not ethical for physicians, as individuals, to advertise. So far as I know, however, no medical society has declared it unethical for societies to advertise. Doesn't this offer a suggestion to physicians in combating the patent medicine evil? Isn't it possible to advertise the advantages of the right kind of medicine and the evils of fake consumption cures, fraudulent medicines and quack doctors in the very media used by the fakers? If printers' ink has turned prune

juice, poor whiskey and water into fortunes for the proprietors of kidney cures, won't printers' ink give proportionate returns to the people in bringing them to an appreciation of the importance of hygienic living?

Printers' ink, like any other remedy, to be effective must be administered in proper doses and in just the right way. As a layman, about the only remedy that it is safe for me to talk about is castor oil. Now, castor oil is not good for every human ill; and, of course, publicity is not good for every public ill. There is only one effective way of administering castor oil; and there are right ways and wrong ways of administering publicity. What would you physicians think of a physician who declared that the best way to give a pill to a patient was to load up a revolver and shoot it into him? Yet that is just about the way that a great deal of the publicity given out in the name of public health is administered to the public. We dig down into our medical books and into our medical learnings and dig up ponderous facts, load them into publicity blunderbuss, stand off and fire it at the long-suffering city editor. This method of administering publicity to the public achieves just about as good results as would the shooting of the pill into the patient.

There is a new era in public health publicity, if I can read the signs rightly, and, as a publicity man, I believe in signs. I believe the time is coming when we, as public workers, will recognize that the same principle applies in public work as applies in business—that is, we pay for and must pay for what we get, if it is going to amount to much.

Practically, the only times that we, as individuals, get something for nothing from our butchers, bakers and candle stick makers, is when they have something new to offer us and are so anxious that we adopt it, that they give us free samples.

When the State commissioner of health, Dr. Hermann M. Biggs, adopted "Public Health Is Purchasable" as the motto of the State department of health, he was not adopting a slogan for the department, but a very definite campaign program. That motto states a fact that has been accepted by public health officers for many years. It is a fact that has actuated the New York State Charities' Aid Association in all of its many public health activities. It is the fact behind the tuberculosis movement, behind the campaign for visiting nurses, behind the dispensary idea. It is the fact foremost in the minds of the supervisors of the twenty odd counties that have decided to establish county tuberculosis hospitals. It is the fact that actuated those of us who worked tooth and nail to secure a modern public health law for New York State and adequate appropriations for the reorganizing of that work on an efficient footing. At the same time, my friends, it is a fact that is being recognized all too slowly by the public generally, by legislatures, by mayors, councils. More and more, however, as the value of public health work is demonstrated, are officials, the chosen representatives of the taxpayers and the public generally, coming to realize that the purchasability of public health imposes upon officials a responsibility to purchase it.

Those of us who have been on the firing line in the public health movement in New York

*Delivered in 1915 before the Passaic County Medical Society. Its length and pressure of other matter has delayed its insertion.—Editor.

State for the last few years have spent a good deal of our time in advertising the desirability of public health. We have had our exhibits touring the State, spending a week at a time in the armories; we have had them shown at the county fairs; we have spent many a dollar for pamphlets, phonograph records, lantern slides, motion picture reels, placards, billboard posters, newspaper advertising and, in fact, every sort of publicity known to the business world. And we flatter ourselves that we have pretty well established in the public mind the desirability of public health. I wish I could be as sure that we had definitely established the **purchasability** of public health, and had as fully implanted in the public mind where and how to purchase it. I believe that no single factor of existence to-day is so keenly appreciated by the public generally as health. The value of health to the individual has been figured again and again in dollars and cents. We have had the value of human life presented to us in so many ways that almost the merest school child can tell you that a human life is worth at least \$5,000 to the community.

* * * * *

Last fall we had in New York State a very enlightening experience with publicity. For the first time in that State the people had the right to vote on the question of establishing county tuberculosis hospitals. Four counties submitted this question to a referendum. It was not merely an informal vote but a definite appropriation of sums of money ranging from \$10,000 in Lewis County to \$100,000 in Nassau County. The keynote of our publicity campaign was this question: "Will you vote yes or no to save lives?" We asked that question of every voter in as many ways as we could get it before him. He found it in his newspaper in the news columns, and then he found it in the paid-for advertising space; he found it on the roadside fences; in his morning mail; in the merchants' windows, on automobile delivery wagons; and it even was asked from the pulpits, in the sermons of the ministers. The answer was a decisive yes in all four counties, by majorities ranging from 157 to 2,800. The most interesting part of that campaign was not the fact that it was carried on in all four counties, but the large number of persons who voted on it. A careful analysis of the election figures shows that practically every person who went to the polls knew enough about the hospital question to wish to express an opinion. The total vote for governor and the total vote on the hospital question varied only a few hundred.

One of the biggest features of our publicity campaign was a six-column advertisement published twice in every newspaper in the four counties, 129 in all. This cost in the neighborhood of \$500, and it carried its message to nearly 150,000 persons. I do not know of any other means of getting publicity that would reach that number of persons for anywhere near that expenditure. The advertisement had the added advantage of telling its story in a few words. It made no heavy drafts on the time nor on the intelligence of the readers. It was simple and direct, and displayed in type that would attract the attention. We published a pamphlet and sent copies to 16,000 persons at a cost of nearly \$300, for print-

ing, postage and mailing. No one knows how many of those pamphlets were read, but I believe that not more than five per cent. of the persons who received them read them through, and not more than twenty-five per cent. read them sufficiently to understand what they were about. It was attractively illustrated, and a few more than twenty-five per cent. may have focused their attention for a moment on some of the pictures. But it is fairly safe to assume that practically everyone whose eye was caught by the six-column advertisement read enough of it to stimulate thought. In order to do this he had to read no further than the first line, set in type an inch high: "Will You Vote Yes or No to Save Lives?" The overwhelming vote on the question proved that not only did the people in large numbers read that line, but that they also read the remainder of the advertisement and decided that the facts presented justified a vote of "yes" on the question. Paying for advertising space is not the only way that you can pay for your publicity. Everything you get in the way of publicity must be paid for in one way or another. You can pay a newspaper man very effectively by giving him something he wants to print, in time to get it into the paper, and in a form that will be printable. * * *

We all of us assume, and are usually right in assuming it, that no one knows as much about medicine as does a physician. Personally, I would never for a moment consider employing a school teacher to treat my boy for measles. I would hire a doctor. And if you want publicity, hire a newspaper man. No one knows news as does a newspaper man. Most newspaper men will tell you that they did not begin to acquire an education until they got a job in some newspaper office. News, to them, is as much a part of their lives as details of your practice are a part of your lives. Most of us know, or think we know, a little about medicine; most of us at least take a chance at it sometimes. It is possible for physicians to become extremely good press agents. In this I refer not to personal publicity, but to the kind of publicity most of us recognize as being legitimate—that is public health publicity. Dr. Evans, of Chicago, is the best example I know of a physician becoming a good press agent. If you cannot employ a newspaper man to handle your publicity it will be necessary for one of your members to do it. * * *

Paid-for newspaper space is the best kind of publicity, unless your campaign can be handled by an expert, in that you are provided with space in the newspaper columns in which you can say anything you please, without regard to the news rules or ideas of the city editor. * * *

We, in New York State, are paying for a large part of our publicity by furnishing the newspapers with a weekly health service, edited by experts, in stereotype plate or matrix. This gives them an excellent feature such as any newspaper is always glad to print, and it goes to them in such shape that they can readily put it in their forms. Nearly 400 newspapers in New York State are using this service every week. We thus reach with our health education material fully four million people a week.

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ORATION IN SURGERY.

Delivered at 151 st Annual Meeting of the
Medical Society of New Jersey, at Atlantic
City, June 11, 1917.

OBSERVATIONS ON THE THYROID.

BY JOHN F. HAGERTY, M. D.,
Newark, N. J.

That a gland so small as the thyroid, weighing normally one and one-half ounces and occupying an exposed position in the front of the neck, should exercise such a powerful influence upon the growth and well being of the individual and that the secretion of the same when altered or deranged should have such a serious effect on the health, causing at times immediately fatal results and at other times terminal changes which are instrumental in causing death, make a brief study of it worth while. That this small gland should be so abundantly supplied with blood—one-sixth of all the blood supply of the head going to the thyroid (according to Mayo) which is approximately that from the circle of Willis to the brain, and this is increased to one-fourth in cases of hyperthyroidism is evidence of its importance in the economy, and that its absence or lack of development or removal is followed by such marked changes in the growth and mentality of the individual further emphasizes its importance and justifies the study of its functions in health and disease.

Then, too, in spite of the fact that study of the influence of the thyroid has been actively pursued many years, both by animal experimentation and as a result of operative work on human beings the true function and what is more interesting its relation to other glands of internal secretion is not yet definitely known. Kocher about 1880 performed his first thyroidectomy for hyperthyroidism, and in 1883 as a result of com-

plete removal of the gland took up the study of myxoedema. His report on eighteen cases of myxoedema, following removal of the gland, was considered a classic on the subject. This gave impetus to the study of internal gland secretion which has been since such a fascinating field of study and which when understood will help to clear up many of what are at present obscure phases of the disease.

Nor should a study of this subject be considered complete which does not include the parathyroids which are often injured or removed in operations upon the thyroid, nor of the thymus, adrenals, pituitary or pancreas, all of which seem to exert a controlling influence one upon the other.

Vincent says: "It must be confessed that we do not know the function of any one of the ductless glands in the same definite way in which we know for example the lungs," yet Falte and Meyers (Dis. of Ductless Glands) concludes that there are evidences of an interaction of the organs of internal secretion as members of a group of immense influence, a hormon-poietic system. Removal of a single gland by operation or disease is followed by changes in others of the group, changes explained by removal of a wanted stimulus or withdrawal of a regulating control.

The subject while a specific one is still a large one, and the object of the paper is rather a practical one to determine the causes of alteration, of function and the methods of overcoming the same. In order to do this intelligently, a brief consideration of its physiology and pathology would seem proper.

The thyroid begins as an evagination of the epithelium of the alimentary canal. This outgrowth from the pharynx is developed with the tongue between the halves of which the bilobed thyroid is developed, and at a site corresponding to the position of the

foramen cœcum. Of interest to the surgeon is the fact that the lumen of this primitive median bud sometimes persists as the thyreoglossal duct. This outgrowth of epithelium soon becomes a closed vesicle which about the seventh week begins to descend into the neck—portions of this process may remain attached to the tongue constituting the lingual thyroid of later life or in its descent into the neck portions may become detached and find lodgement in different situations in the neck, forming aberrant or accessory thyroids. "These isolated masses of thyroid tissue found along the trachea and bronchi and in various parts of the neck often act in a compensatory way in assuming the function of the thyroid itself, and this is probably what occurs when the thyroid has been entirely removed and the metabolic function of the gland remains unchanged." (Murphy Clinic, 1915). At times the gland descends low down in the neck or even into the chest constituting the substernal and intrathoracic goiters. The thyroid gland is found in all vertebrates and in man absence of the gland or defect of one or other lobes is exceedingly rare. Absence of the isthmus or abnormal lobulation is not so uncommon. Marine (Bull John Hopkins, 1913) has shown that the thyroid is one of the most constant and characteristic structures in vertebrates, existing in the same anatomical form in all vertebrate life.

While its exact function is unknown, certain physiological facts are definitely known. Absence of or lack of development of the gland results in lack of mental and physical development. The skeleton retains its childish dimensions.

Removal of the glands in young animals arrests their growth. Tadpoles for instance, from which the thyroids have been removed, remain tadpoles. Given thyroid feedings they resume their growth. Absence of thyroids inhibits the maturity of sex. Where the thyroids alone are completely removed the animal may survive a long time, but develops a slowly increasing malnutrition resulting in myxoedema. Cretinism is a juvenile myxoedema. McCarrison (Vincent's Interanal Secretion) who has studied the subject in Kashmir, where cretinism is common, concludes that defective thyroid function in the mother is the essential factor in the production of cretinism. It is due, he says, to the action of toxic agents, notably that of endemic goiter on the developing thyroid of the unborn child. When the parathyroids alone are removed the ani-

mal dies quickly with acute symptoms—severe muscular convulsions, tetany and death quickly follows. Preservation of one parathyroid may prevent fatal consequences and the saving of two parathyroids prevents the development of tetany. It is likely in certain cases where death has followed removal of the thyroid that the parathyroids also have been removed. The exact nature of the functional connection between the two sets of glands is unknown, McCarrison believing that they constitute one apparatus. But it is thought that the parathyroids possess an antitoxic function by attracting toxic products and preparing them for rapid elimination through the kidneys. Erdheim and Moscaglia have shown that the tetany of pregnancy is due to hypoparathyroidism.

Kocher has stated that a man may live seven years after removal of the thyroid and die from gradually increasing cachexia and Mayo (Goiter and life expectancy) estimates that the young child may live with one-third of the total thyroid generally found in normal persons while the adult may maintain perfect health with one-sixth of the gland. A minute amount of the secretion seems to act as a hormone which maintains the necessary stimulation of the other glands of the body with associated function.

While not knowing definitely the chemical processes that take place in the material elaborated by the cells, we do know the effects of loss of thyroid function as pointed out by Kocher in 1883. It is known, however, that the thyroid manufactures an internal secretion, and by that is meant "the preparation and setting free of certain substances of physiological activity, the raw materials being supplied by the circulating blood, which are discharged not onto a free surface but directly into the blood stream. Such internal secretion is essential to the proper growth and normal metabolic functions of the body." (Vincent). It has a specific action probably of a chemical nature on the nervous system particularly on the vascular nerves (sympathetic system), next on the skin and epithelial structures and finally on the ovarian system and sexual functions. The latter influence is shown by the common occurrence of goiter at puberty and in the climacteric, we find in the failing of the relation, the fluctuation of activity from hyper- to hypo-thyroidism, finally ending in the increased weight of the individual.

It is known that the epithelial cells of the thyroid are capable of taking up certain substances from the blood and altering them

in some unknown manner. This so-called specific secretion is stored for a certain time in the follicular spaces and later enters the circulation. Chemical analysis of the gland reveals the presence of albuminous substances—globulins and nucleins and its most characteristic feature is the high iodine content, the amount of which varies and is proportioned to the kind and quantity of colloid material present. The iodine content of the thyroid is eight to ten times (Justus), as large as other organs relatively rich in iodine. Baumann was the first (1895), to isolate from the gland a substance designated as iodo-tyrin and ever since there has been earnest study to determine more accurately the exact active agent in the secretion. Kendall (Mayo Clinic, 1915),¹ has discovered and isolated in pure crystalline form a substance analogous to adrenalin, a definite chemical compound containing sixty per cent. iodine and which was found in the thyroid of all animals tested under normal and pathologic conditions. Administering as small a dose as one-one hundred and eightieth grain of this substance was found to exert a physiologic effect, and animals from whom the thyroid had been removed responded rapidly to its administration. When given in larger doses symptoms of hyper-thyroidism soon supervened. Thyroid glands entirely devoid of iodine are very rare. Even the foetal gland contains it, though this is denied by some. (Kocher). The largest percentage is found in adults—that in children and old age being lower. Marine (Jour. Bio. Chem., 1915), emphasizes the extraordinary affinity of the thyroids for iodine. When one considers that as high as 18.5 per cent. of a given intake of iodine by mouth may be recovered from the thyroids whose weight compared to the body is infinitely small, it stands alone at present among the specific affinities of tissue for inorganic substances and Lenhart (Jour. Exp. Med., 1915), states that the activity and potency of the physiological active substance of the thyroid is measureable in terms of the percentage iodine content.

What then are the causes of disordered functions of the thyroids? The connection between drinking water and the occurrence of goiter has long been known. The disease is very prevalent in districts especially where the water supply is derived from certain geological formations as in Switzerland, where in some districts sixty-five per cent. of the inhabitants have the disease. The introduction of new water supply from

non-goitrous districts has reduced the proportion of goitrous cases in such districts markedly. All investigators living in regions where goiter is endemic advise the use of boiled water. Ewald says it is now generally recognized that it is an infection due to living germs confined to certain geological formations and transmitted to man by means of drinking water and McCarrison concludes, after a series of experiments that goiter can be experimentally produced in man by the administration of the matter in suspension separated by filtration from waters that are known to be goiter producing. Goiter cannot be produced when the suspended matter is boiled. The disease is, therefore, not due to a mineral poison but to the living components of suspended matter, in a word to a living organism of disease. The incubation period of experimentally produced goiter is ten to fifteen days. Lactic acid ferments exercised a curative effect in incipient goiter and it was thought that the organism which was the cause of the disease is parasitic in the human intestine. Wilms, quoted by Ochsner (Annals of Surgery 1916), regards the enlargement of the gland as a defensive measure, hyper-thyroidism not developing while the individual remains in the goitrous district but appearing after removal to a new district. It is singular that since the gland is fully developed in the later months of foetal life and plays such an important part in the growth of a child that the disease should be so uncommon in early life. Comparative statistics are not obtainable, but we know that enlargements of the gland are very uncommon while congenital goiter is exceedingly rare. Familial occurrences are fairly common where goiter is endemic. Its prevalence in girls about the age of puberty is explainable by the increased development of the sexual apparatus and the general increased growth making greater demands and calling for greater output of secretion. Its frequency in males is worthy of note, Mayo placing the proportion to females as about one to ten, while in hyper-thyroidism the proportion is increased from one to seven. Just how much effect intestinal toxemia plays in the development or how great the influence of infectious disease is not clear. William H. Thomson believes that gastro-intestinal intoxication is a frequent cause of the disease and it is certain that close attention to the alimentary tract—gastric—lavage and purgation modifies the toxemia. Rosenow has stated that while

bacteria can be cultivated from crushed tissue of diseased thyroids yet infectious strumitis is very rare. Tuberculosis is uncommon but it is possible that late involvement as a result of lues is more common than usually thought. Eberth's bacillus may cause a thyroiditis or strumitis according as it locates in a healthy or diseased gland but Liebermeister and Hoffman found only six such abscesses in seventeen hundred typhoid cases. Previous lesions of the gland lends gravity to the invasion and infection in a person whose thyroid has only a small reserve functional capacity is prone to cause thyroid-hypertrophy. Malignant degenerations are very rare. Carcinoma is more common than sarcoma, but both together make up less than one per cent. of all cases. Recurrences are common and the outlook is grave. It is worth noting that thyroid tumors of bones (usually metastatic), are sometimes found—the most frequent being metastases of malignant growths of the thyroids, and a second class where the thyroid appears normal or where there is enlargement of clinically benign type. These tumors (according to Sutton), occur most frequently in women, the proportion being five to one, most commonly between the ages of forty and sixty years and show a striking preference for the skull, though they have been observed in the long bones and vertebrae. At times these tumors pulsate so markedly as to cause them to be mistaken for aneurisms. According to Eberhardt (Bitr, Z. Klin. Chir., 1902), metastases are observed in eighty-five per cent. of the reported cases of malignant goiter where the exact autopsy record exists.

The exact causes of hyper-thyroidism are no better known than those of simple enlargements of the gland, though the most generally accepted theory is that it is due to overactivity of the gland causing an excessive amount of secretion which is poured into the circulation. There are those, however, who believe it due rather to a perversion of function than to increase of normal function. The degree of toxemia is not always proportionate to the size of the gland, many of the severest cases showing but slight, if any enlargement. It is possible in these cases that the toxic effects had been well established before regressive changes took place in the gland, though some of these patients assert that the glands never were enlarged. The beneficial effect of ligation of blood supply, removal of part of the gland and the harmful effect of administering thyroid extracts would seem to

support the theory of increased function.

Wilson offers the hypothesis that in hyper-thyroidism the thyroid is first excited to over-function by a stimulus originating in the gland itself or in the autonomic nervous system; that the excessive secretion of the over-working gland containing an abnormally large amount of highly toxic iodine is delivered into the circulation and finds its way to certain selected ganglia of the sympathetic nervous system, thus stimulating muscular and glandular organs to over-activity. This results in symptoms referable to such increased function and in symptoms referable to the diseased function which follows their inevitable degeneration from over-work.

The degree of acute intoxication is indicated by the symptoms directly attributable to the nervous system and the cardiac damage is in a broad way indicative of the degree of chronic intoxication. Sloan (Cleveland M. J.), says the toxic symptoms of Graves' disease are the result of an overabundance of thyroid secretion which stimulates the output of nervous activity by the central nervous system which in turn stimulates the thyroid to still greater activity, thus causing a vicious circle which must be broken either at the focus of infection or by removal of the gland. He emphasizes the importance of search for underlying mental causes. He regards the adolescent type without toxic symptoms as compensatory and advises against operative interference. He seems to attach importance to bacterial decomposition as a provoking cause and refers to the antiseptic treatment for the same and advises that children living in goitrous regions be given iodine while going through puberty and that pregnant women also be given the same.

It will be necessary, briefly, before considering the treatment to refer to the symptomatology which will vary, of course, depending whether due to loss of function or to increase, which latter class may be divided into hyper-thyroid and thyrotoxic cases. For sake of completeness the diseases due to loss of function include myxoedema, cretinism, idiocy, mongolianism, disturbance of growth, obesity, derangement of sexual function and neuroses. In all of the above whatever the manifestations, and most of them are sufficiently plain, the treatment consists of exhibition of thyroid gland preparations, of iodine as shown by Kendall, or transplantation of the gland.

The symptomatology of thyrotoxic cases

is too well known to review at length. The tachycardia, tremor, nervousness, loss of weight and strength, sweating and diarrhoea constitute a syndrome we are all familiar with. These together with exophthalmus and the presence of enlarged gland. What is worth bearing in mind is that many patients suffering from one or more of these symptoms and without tumor or exophthalmus may be suffering the terminal changes of long standing thyrotoxic disease. Many of the unexplainable cases of extreme nervousness, some times dyspnoea, at other times tachycardia, etc., may be thus classified. The loss of weight in cases of thyrotoxicosis is at times extreme. Kocher observed marked loss of weight in eighty-eight per cent. of his cases. One of my patients lost eighty-five pounds in four months and another seventy-two pounds in a few months, and Kendall has shown that there is decided increase in metabolism, at times an increase of one hundred per cent. above normal. Sweating and diarrhoea are usually seen only in long standing or acutely toxic cases and are regarded as unfavorable symptoms. The great majority of these patients have some changes in voice sounds and dysphagia more or less severe. It is well to bear in mind the fact that fourteen per cent. of these cases show some involvement of the laryngeal nerve. (Mayo). The aphonia so common after operation and which as a rule is worse about the fifth day, due to inflammatory reaction usually clears up entirely. Of the non-toxic class of cases—adenomata, colloid and cystic goiter—the principal complaint will often be the unsightly character of the growth, though many of these patients as a result of pressure of the gland suffer from headache, cyanosis, dysphagia and dyspnoea sometimes asthmatic and very distressing. Pressure on the spinal accessory nerves may cause irritation of trapezius or sterno-cleido mastoid and spasmodic torticollis.

At times the sense of constriction and of suffocation is very marked and besides being the reason for seeking relief often aggravates the nervous condition of these patients.

Of the newer tests which reveal over activity of the thyroid gland, the blood picture is at times helpful, though the changes are not marked. The red cell count and color index may not be changed, but there is moderate leucopenia, lymphocytosis and the coagulation capacity is delayed which explains why the control of hemorrhage at operation is often difficult. The blood pres-

sure is lowered. Slate and Boudoyin (quoted by McKenzie) found that after hypodermic injections of posterior lobe of the hypophysis the pulse of the normal individual was accelerated while that of cases of exophthalmic goiter became slower. Poewis' test is a dilation of the pupil of exophthalmic goiter patients following installation of 1:1000 adrenalin solution into conjunctiva. This test is also positive in diabetes. It has also been found that there is a lowering of carbohydrate tolerance in hyperthyroidism.

We are enabled clearly to understand the severity of the symptoms in the toxic, exophthalmic goiter as copared with the simple goiter by consideration of the pathology as shown by Wilson of the Mayo clinic. It is interesting too, that after the study of an immense amount of material Wilson and Plummer were able to predict in about eighty per cent. of cases from the clinical signs what would be the pathological findings and vice versa. Wilson (Jour. A. M. A., 1914) shows that practically all cases of clinically true exophthalmic goiters show a marked primary hypertrophy and hyperplasia of the parenchyma of the thyroid, and that the relationship between hypertrophy and hyperplasia of the thyroid gland and the clinical symptoms of true exophthalmic goiter is remarkably constant. Nearly one-half of the thyroids from patients on the simple goiter list—adenomata and colloids, consists principally of groups of dilated acini filled with thick, densely staining colloid material and lined with atrophic parenchyma.

Treatment—One must understand at the outset that we are dealing with a disease marked by exacerbations and regressions and in claims of value for any particular line of treatment this fact must be considered. In a portion of cases of simple goiter, not of inflammatory origin, and showing only the presence of adenoma, thyroid intoxication will be found. Pressure of the tumor on surrounding normal thyroid causes expression of thyroid secretion in excessive amounts into the circulation, and this moderate toxemia, with or without the evidences of pressure as shown by dysphagia, dyspnoea, distressing cough and huskiness of voice will be relieved by removal of part of the gland. In support of removal there is too the important reason of preventing the subsequent development of toxic changes in these seemingly benign growths. Mayo and Plummer have stated that about twenty-one to twenty-three per cent. of the adenomata and twenty-five per cent. of col-

loid goiters will subsequently take on toxic degeneration and assume grave importance. There is the possibility too of degeneration, either fibrous, cystic, or calcareous and the danger also of pressure effects on the trachea; substernal and intrathoracic goiters not infrequently exert pressure enough to endanger life. Pressure on the trachea even in atoxic goiter may be so great as to demand operative relief, and where the gland cannot safely be removed, mobilizing it and displacing it to one side, or the division of the isthmus may be done. (Bloodgood). There is still another good reason for removal of these glands—the liability to malignant degeneration. Porter considers the likelihood of this change taking place as great as of warts, moles, etc., becoming malignant and strongly urges their removal. Bloodgood too is of the same opinion. The mortality of operations on cases of simple goiter is practically nil. There seems to be no difference of opinion concerning the goiter of adolescence. Here operation is not to be considered, but regarding the enlargement as an effort on the part of the gland to supply the increased demands of the system, iodine should be given. Always in treating these cases it must be borne in mind that the varying types of thyroid enlargement from colloid goiter to Graves' disease is one varying only in degrees and intensity.

When we come to consider thyrotoxic goiter, and by this include all cases giving evidence of systemic poisoning as shown by the symptoms related, all are agreed as to the seriousness of the disease and the necessity of treatment, yet there is a wide divergence of opinion as to the method to be pursued.

Practically all are agreed as to the value of rest, and this means physical and mental rest, complete withdrawal from the influences tending to cause the disease. But there is no definiteness as to the length of time required nor certainty as to the permanent cure of the case. Only drugs which tend to quiet nervous symptoms, check diarrhoea or quiet the heart are to be considered. One cannot be expected to rehearse the numerous remedies advised in this class of cases, and perhaps it would not be wrong to say that they are all useless—iodine is not here indicated, nor thyroid extracts, unless they be used with caution.

Perhaps the best way to solve this difficult question would be to consider what are the dangers of hyperthyroidism—that is what are the dangers of non-interference, what

the chances of cure by medical treatment, what by surgical treatment, the percentage of relapses following both forms of treatment, dangers of operations, and benefits to be derived from treatment not wholly surgical or medical, viz., use of x-rays, radium, etc.

Mackenzie (Lancet) places the mortality of exophthalmic goiter at twenty-five per cent. and the Mayos even higher, twenty-five to thirty-five per cent., and this of course is but the termination of a long period of misery and suffering. The degenerative changes once established in the heart, kidneys and central nervous system become progressively worse unless the exciting cause be removed. As has been stated before, a vicious circle is soon established between the output of the thyroid and its deleterious effect on the nervous system which in turn again stimulates the thyroid to greater activity. Of course there is always the possibility even in the severest type of cases that the pathological state of the thyroid may and often does return to normal.

Rest in bed is undoubtedly the most influential factor in alleviating the evidences of hyperthyroidism. Of course if the disease has advanced to non-compensating hypertrophy, nephritis and intestinal derangements these must be looked after. The rest in bed enables us to judge how much of the cardiac or nervous manifestations was due to external causes. Should the improvement not be satisfactory or relapses occur, some form of operative treatment must be considered. Frazier puts the question well by saying when in doubt employ rest—as between ligation and injection of boiling water use the former, between the latter and thyroidectomy use the injection.

The majority of operators are of one mind as to the benefits of ligation though the improvement may be temporary. Ligation of the arteries not only lessens the blood supply thus reducing the activity of the gland but also reduces absorption of its secretion. This is seen in the lessening of tachycardia, of tremor, and increase of weight. If the improvement be not maintained after three months lobectomy is then advised. Ochsner prefers the collar incision even for ligation, and advises ligating the veins as well as the arteries, and the beneficial effects of ligation have been recently declared to be due to division of the sympathetic nerves found in the vessel sheaths. Whether to tie off one or two or

all four vessels must be left to the individual cases and judgment of the operator.

Porter believes the immediate mortality of operations can be reduced by substituting injections of boiling water for ligation as a preliminary measure in severe cases and by using the injections to the exclusion of all other measures in mild cases. He argues strongly for the removal of all permanent goiters whether they are producing symptoms or not and for the thorough exposure of the whole gland and removal of greater part of it. He points out that hyperthyroidism must be excluded before undertaking operations for other troubles, and considers nephritis and diabetes as arguing for rather than against operation, believing that they are often caused by toxic goiters. O'Day (S. G. O.) has shown that sugar disappears from the urine with the disappearance of hyperthyroidism.

These measures having failed in effecting complete cure or in cases of grave risk having made them good surgical risks, operation is to be considered. As to the complete cure of these cases, it is doubtful if this often occurs, but one may be regarded as functionally cured who feels strong and well, in whom the evidences of toxemia are absent, and in short whose full working capacity is restored. (Porter)!

Mayos as a result of their tremendous experience are able to assure us that seventy per cent. of hyperthyroidism will be cured and sixteen per cent. benefited by operation. Ten per cent. of the cases suffer relapses requiring removal of portion of remaining lobe and the operative mortality has been reduced to the low figure of three per cent. These extremely favorable results have been obtained by the careful study of the cases, and the greater attention to the preparatory treatment—rest, ligation, etc. As has been stated, thyroid poisoning has a period of exacerbation and operation should never be undertaken when patients are having a wave of acute poisoning. Sloan (Cleveland, M. J.) says for successful surgery in Graves' disease it is necessary to know the ability of the body to neutralize acid waste products of metabolism. The respiratory centre responds quickly to increased acidity in the blood stream. Inability of the patient to hold his breath more than forty seconds is taken as the limit of safety to neutralize acids. A persistent pulse rate of one hundred and twenty in bed, fever during the day and signs of lowered alkaline reserve as shown by the above tests are contra-indications to operation.

As a result of increased experience it has been found advisable to remove the greater part of the gland. Since both halves share equally in the same pathological process it would seem unwise to remove one lobe and leave the other. It has been found that a small portion of the gland left after operation will undergo hypertrophy and perform the function of the whole gland. It must not be forgotten, however, that removal of most of the gland adds to the danger of injury to the parathyroids.

Ochsner has found the administration of 400 to 600 c.c. of blood by transfusion just before the operation to enhance its success and without adding at all to the dangers of the same. Of course care must be taken in selecting a donor.

The choice of anaesthetic would seem to depend largely on the individual operator. Ether with or without preliminary use of morphin, and atropin being preferred by some, nitrous oxid by others, and local anaesthesia by still others, notably Kocher.

The results are practically the same, offering proof it would seem that the anaesthetic has but little influence. We have not found local anaesthesia so satisfactory as the use of ether always preceded by hypodermics of morphin and atropin. These do much to allay fear and lessen the amount of ether required while diminishing the amount of mucus in the pharynx. Placing the patient in the reversed Trendelenburg position as soon as anaesthetized will lessen considerably the amount of ether required and add to the smoothness of the operation and rapid recovery.

The after care of these patients is important both immediately after and until their final return to good health, at times a matter of several months. The nervous symptoms should be controlled by the use of morphine and fluids in quantity given as soon as possible. Saline solution by Murphy drip commenced immediately after operation, and water by mouth as soon as vomiting has stopped. Ochsner advises gastric lavage immediately after operation. The ability to give water by mouth freely after local anaesthesia is one of its great advantages. These patients should have rest in a quiet room—should not be returned to the general ward. Later, too early return to work should be avoided, and avoidance for a long time of excitement or the agencies that cause mental irritability. Abundance of food without proteids should be given and alcohol, tea and coffee avoided.

But little need be said about the use of

radium or of the Rontgen ray—treatment by these means being largely experimental. Theoretically x-rays are contra-indicated because of causing increased vascularity. Pfahler and Zulick (Penn. M. J., 1916) say its use is indicated because the x-ray is known to have a selective destructive action on epithelial cells, and they with others advise its use. Collective statistics and comparison of reports will later determine its position as a remedy.

It was the writer's intention to discuss the relationship between the thyroid and the other glands of internal secretion, but this would prolong the paper too much. As a matter of fact, while the study of such relationship offers many interesting hypotheses it can hardly be affirmed that our knowledge as yet is beyond the speculative stage.

At the risk of detaining you too long I shall ask your indulgence to report a few illustrative cases. Two deaths following operation for exophthalmic goiter have occurred, in both the fatal result being due, I think, to bad judgment in operating.

Miss E., single, 23, St. Michael's Hospital, 1907.—Large goiter, exophthalmus, tachycardia, and nervousness marked. Patient was kept in bed four weeks with very little improvement; pulse remained about 140 and she was very apprehensive. At operation the right and part of left lobes were removed, there being no isthmus. The restlessness following operation was extreme, sedatives affording little relief and a straight-jacket had to be applied to control the patient. Death occurred on the third day.

Mrs. E., 43, married, mother of four children—1908. Moderate enlargement of both lobes, evidences of thyroid poisoning marked. This patient had lost 72 pounds within a few months. Pulse 140 to 160. Kept in bed ten days, both superior thyroids ligated with considerable improvement. Instead of waiting I felt that the improvement warranted lobectomy. Patient became much discouraged at thought of the second operation. The toxæmia—restlessness and delirium as in the former case was extreme and she died on the second day.

Case of accessory thyroids—Rosalie N., 37, widow, no goiter among relatives; very nervous; difficulty in breathing and swallowing, and sense of constriction so marked at times as to cause fear of impending death. There were a number of hard discrete glands to be felt in the outer right side of

the neck and some near the middle; these had been there ten years. Her nervousness, tachycardia and tremor suggested hyperthyroidism, but the gland was scarcely palpable. Operated on November 11, 1912. Four small glands and one large one having appearance of enlarged right lobe of thyroid removed. Patient recovered and has been well since. The pathological report was hyper-plastic goiter.

Benefit from ligation. M. C., married, 38, presenting all the evidence of hyperthyroidism. Seen June 3, 1915. Rest in bed reduced pulse rate which had been 140 to 160 to 120. Ligation of both superior vessels. General improvement. Patient returned home much improved and has been able to perform her own housework. Pulse rate when last seen, 90-96.

Hyper-thyroidism in male. Michael O. Polish. 38, January, 1907. Exophthalmus and tachycardia slight but nervousness, diarrhoea and thirst extreme. Goiter large. Restlessness after operation marked. Patient recovered and left hospital quite well. Pathological report—toxic goiter.

Severe hyper-thyroidism and exophthalmus without tumor. Mrs. R., 54, married, no children. Exophthalmus four years. Exophthalmus which is extreme appeared at disappearance of menstruation. Lost 85 pounds in four months. Patient has spells of distressing cough and cardiac dyspnoea and cardiac arrhythmia while the gland can scarcely be felt.

Benefit of rest and forced feeding. I. L., 27, married, five children, seen January, 1917. Had chorea since age of twelve, noticed goiter when seventeen years old, at present all signs of hyper-thyroidism, including exophthalmus, very marked. Choreiform movements present and very annoying. Pulse rate 160-180. Absolute rest with forced feeding for several weeks resulted in marked improvement which has been fairly well maintained since her return home.

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- 30 Wallace Place, June 11, 1917.

THE DIAGNOSIS OF ECTOPIC PREGNANCY.*

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In reading the clear, concise and classical description in any standard text book of ectopic pregnancy and its differential diagnosis, one is led to believe that this condition is susceptible of easy and accurate diagnosis. In fact it would almost seem that this condition should never be overlooked or wrongly diagnosed.

I feel sure though that the larger experience one may have had in pelvic examination and diagnosis, the more ready will he be to agree that there is no condition in the female pelvis that is so susceptible to error. This is partly on account of the great variations that this condition may present and the obscurity that is thrown on the diagnosis by other existing or possible pelvic conditions, partly because of menstrual or other idiosyncrasies of the individual patient.

In the furtherance of the contention of the difficulty of diagnosing ectopic pregnancy I might call attention to a review, in the Journal of the A. M. A., June 7th, 1913, of Mysham's article in the *Thupapudis Gigenwert Behn*, it says: "In only nine of the thirty-four with a more gradual onset had a tubal pregnancy been diagnosed; in six the uterus had been curetted for supposed abortion. In other cases gall-stones, appendicitis, kidney-stones and peritonitis had been diagnosed."

In considering the diagnosis of ectopic pregnancy, especially if the patient has not been under more or less constant examinations previous to the existence of the condition, one must eliminate a large number of conditions, each of which might be considered in relation to the peculiar ectopic picture of the three periods, i. e. First, before rupture; second, during or immediately after rupture; third, after rupture. But as these three periods, except in the very early and late stages, blend so closely that their differentiation of the ectopic picture in the different periods is not of so much importance as it would seem.

What then are some of the common con-

ditions from which ectopic pregnancy must be differentiated:

First: Chronic appendicitis especially when accompanied by a cystic or infected right sided ovary that is increasing in size. Such ovarian conditions are often accompanied by irregularities of menstruation which greatly resemble the intermittent bleeding of ectopic pregnancy. Also the primary rupture of an ectopic pregnancy is often not accompanied by more pain or shock than might occur at times from a chronic appendix.

Second: Small intramural or intrauterine fibroids especially when associated, as they often are, with one of the various ovarian masses, may give rise to a chain of symptoms that at any time during the first three months of an extrauterine pregnancy are extremely hard to differentiate.

Third: Acute and chronic pus tubes and ovaries are often accompanied by so frequent a uterine flow as to give an almost typical picture of extrauterine pregnancy in its early stage.

Fourth: Ureteral calculi may be associated with ovarian and menstrual abnormalities that would lead to a possible diagnosis of ectopic pregnancy.

Temperature may be present or absent in any of the above mentioned conditions according to their degree to the amount of walling off of the pus and to the susceptibility of the individual to febrile reaction. In ectopic pregnancy also we may or may not have a rise in temperature depending largely on the amount of extravasated blood to be absorbed.

There are other pathological changes that can readily be confused, under certain conditions, with an extrauterine pregnancy; this is especially so if they occur during the first three months.

Fifth: Abscess of other structures pointing into the pelvis.

Sixth: Pelvic displacement of the kidney. I have seen the kidney so movable that, while it usually occupied a position in the right pelvis it could be readily shifted into the left pelvis.

Seventh: Malignant or other growths of the uterine appendages. We must also remember that any of these conditions may be complicated with an extrauterine pregnancy of the unaffected side.

We now begin to realize that under some conditions at least ectopic pregnancy, as far as diagnosis is concerned, assumes almost insurmountable difficulties. There are

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other conditions also that are difficult to differentiate from ectopic pregnancy but the above which might be called the "Seven Sisters" constitute the most important ones. This rule is strengthened however by one great exception, i. e., incomplete uterine abortion as illustrated in the second case history and this exception is to my mind the most formidable of all. The following case histories from my private practice are illustrative and enlightening. It will be noted that a brief history of both cases demonstrates their similarity and the difficulty of differential diagnosis. Analysis of the histories suggests a method of establishing it.

Mrs. X., Twenty-two years old. First call May 8th, 1915. Patient complains—Confined November 17th, 1914. Normal labor of two hours duration. Since then has only one menstrual period which started March 17th, 1915. This period lasted five days. One week after patient went out for the evening and indulged in dancing. Two days later started to flow again and had rather severe pain in the right side. This stopped after one afternoon. Sunday, three days later, went to New York to visit and had severe pain and a slight show. Had a slight flow ever since. About four or five days ago had to go to bed for one day on account of severe pain accompanied by moderate show. Mother states that she was quite pale at this time. Has passed some clots and pieces of membrane to-day, is flowing some at present. A piece of tissue will be sent to the laboratory. The patient states that three years ago she had some operation. She thinks the right ovary was removed. Six years ago had the appendix removed.

Examination: Temperature 99 degrees, pulse 80. Patient is rather pale and thin. She distinctly favors the right side as she walks. She places her hand over the right side of the abdomen as if to support it.

On abdominal palpation I seem to feel a very slight increase in resistance in the right iliac region, but it is also slight as to make one uncertain if it is present or not. Upon vaginal examination find patient to be flowing moderately. Find the uterus slightly enlarged. There is an illy defined moderate-sized mass on the right side. (Remember the patient thought she had had the right ovary removed). This mass is quite tender. Further than this I find the examination to be negative.

Diagnosis—Laboratory report. Received three or four pieces of flat, stringy, mem-

branous tissue very light gray to yellowish red in color and very friable.

Microscopical Examination—The tissue consists of a stroma made up of small round cells principally, with relatively few polynuclear, plasma and spindle-shaped cells. There is a relative large amount of intracellular tissue and numerous small capillary blood vessels most of them distorted with blood. Here and there are larger masses of large cells with large eccentric nuclei.

The tissue is placental tissue showing many placental cells but nothing was seen that could be positively identified as a chorionic villus. The tissue appears to be degenerated as if it had been in the uterine cavity a long time. The tissue in some places shows beginning organization. Signed William McKimmie Higgins. In a conversation with Dr. Higgins over the phone he said that he considered this tissue to be the result of a uterine abortion. This led me to consider the possibility of a passed abortion accompanied by a pus tube and ovary or a pelvic abscess. I now believe that the absence of the chorionic villus in the otherwise true placental tissue discharged from the uterine cavity should have been considered diagnostic of an extrauterine pregnancy and I will speak more of this at the close of this paper.

Operation: Despite the uncertainty of the diagnosis the abdomen was opened on May 19, 1915, the patient having been almost free from symptoms since May 10, 1915. The diagnosis of ectopic was at once evident. Placental tissue was found adherent to the caput coli, the posterior surface of the uterus and the right side of the pelvis and the right broad ligament. There were dense adhesions between the uterus and the bladder, also between the uterus and abdominal wall as if from a ventral fixation. The left tube was the seat of the ectopic, it having become twisted over the round ligament and caught in the right side of the pelvis. The right tube was found under the ectopic mass on the right side. Right ovary had not been removed as reported. The round ligaments had been brought through the broad ligaments and sewn to the posterior surface of the uterus. Complete hysterectomy was performed and a drain passed into the vagina. The patient made a rapid recovery.

In many cases it is very difficult to differentiate pelvic abscess from ectopic pregnancy and I will now give the history of a case that seems to illustrate this quite thoroughly.

Mrs. Y., twenty-six years old, married

nine years. First visit January 14, 1915. History: Patient had one child eight years old. Was operated upon when 15 years old by Dr. K. for acute appendicitis; also for a right movable kidney at the same time. About one year later was operated upon for the correction of some uterine displacement by Dr. C. This was done per vagina. The patient was married when about 16½ years old and the following year was operated upon in the hospital by Dr. ——— for removal of the right ovary. She states that it was not known that she was three months pregnant till after the abdomen had been opened. She, however, went to her full term and this child is living. Patient complains: Periods regular; for the past two years has had severe pain during period, especially during the first part of it. Period lasts three days. One week ago the time for the period being passed over two and one-half weeks the patient began to flow and has been flowing ever since.

Examination: Reveals the presence in the vagina of some small pieces of what appears to be placental tissue (not saved for microscopic examination), and some blood clots. Temperature 100 deg., pulse 90. Patient was curetted the same night and more placental tissue was removed from the uterus, no foetal tissue found. The uterus was packed with 5 per cent. iodoform gauze. An examination made while the patient was under the anesthetic revealed a small mass behind and to the left of the uterus. This mass suggested the possibility of an ectopic pregnancy of the left tube. January 15th, 1915. The uterine packing was removed and an examination confirmed the presence of a small mass behind and to the left of the uterus, which was sensitive on pressure. Temperature normal. January 16, 1915. Temperature still normal. January 18, 1915. Temperature was 99 2/5 deg. January 21, 1915, temperature was 99 deg. and the patient complained of some pain in the uterus. In due time the patient was up and about but always complained of some pain on the left side. On February 9, 1916, the patient began to flow again and on the 12th the flow was so severe as to necessitate medical relief. On February 14, 1915, the flow had stopped except for profuse leucorrhœa; it, however, started again on the 15th. The patient was examined again on the 20th and a note made of a mass on the left side behind the uterus. On the 28th of February the patient saw me at my office and an examination showed

the mass to be increasing in size, the temperature was only 99 degrees. The diagnosis seemed to rest between a pelvic abscess and an ectopic pregnancy. On the first of March an opening was made in the posterior cul-de-sac and a pelvic abscess found and drained. March 15, 1915, an abdominal hysterectomy was performed because the patient demanded relief from her constant pelvic pain.

These two histories seem to me to show how difficult it is under some combinations of symptoms and past histories to diagnose ectopic pregnancy. In the case I report it seems that the findings of laboratory report could have been considered conclusive proof of an ectopic pregnancy. The finding of dicidual cells in the uterus without chorionic villi points to a pregnancy outside the uterus. McDonald and Kruger, Journal A. M. A., June 7, 1915, Bilateral and Multiple Ectopic Pregnancy, speak of the necessity of finding chorionic villi in order to confirm the diagnosis of tubal pregnancy and mention that dicidual cells may be found when there is a tubal pregnancy both in the other tube and in the uterus. This is exactly what occurred in my case. In all suspicious cases any tissue recovered from the uterus should, if there is time, be examined and some value placed on the laboratory report. The Abderhalden Reaction and microscopic examination of tissue from the uterus might, if this reaction proves reliant, aid to an exact diagnosis of ectopic pregnancy in those doubtful cases where the symptoms are not evident and the need of immediate operation not pressing.

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DISCUSSION.

Dr. Daniel E. Drake, Newfoundland: As the hour is late I will not take much of your time in discussing this paper. I have enjoyed the paper very much and think that Dr. Langstroth has given us a clear and concise outline of the differential diagnosis in these cases. We all recognize the importance of early and correct diagnosis for at least two reasons: First, that we may know what to do, and second, what not to do. If we are so situated as to have laboratory facilities available for the examination of any "shreds" in the flow, this will be of aid and possibly complete the diagnosis. If we are located in the country and some distance from laboratory facilities as many of us are, we are much more dependent on the symptoms; usually, we do not see these cases until rupture of the tube has occurred. We find them suffering from extreme shock, with evidence of more or less severe hemorrhage.

At this time, diagnosis is quite easy and the

question is, what are we to do for the patient? It is not always safe to immediately remove them to some distant hospital for operation, and it may be equally unsafe to consider an operation at home under the unsanitary conditions often found. We can often tide them over with a dose of morphia and with stimulants bring them back into the safety zone, and later consider the best course to pursue. Some two years ago I was called late one evening some distance out in the country, to see one of these cases and found the patient in the condition described. After working over her for some time, giving stimulants and morphia, she was quieted, the hemorrhage subsided, and I was able to retain her in her home—where the conditions were most unsuitable for operation—and later removed her in a car some twenty miles distant to the hospital for an operation.

Dr. Gordon K. Dickinson, Jersey City: Inaccuracy in language is misleading; we see it often exemplified in this matter. We talk of ectopic, and ruptured ectopic, and often times we mean tubular abortion; and there is just as much distinction between tubular abortion and ectopic as there can be. One is very alarming, very dramatic, tremendous hemorrhagic shock, more dangerous—dangerous because of the hemorrhage and dangerous because of the surgeon. The other is milder, slower, less dramatic, not so quickly anemia, and will give you time for studied operation as a rule, unless you have the operative craze. Another point to bring out is, that every so-called abortion that comes to you should be considered ectopic, until you prove to the contrary.

Dr. Langstroth, in closing the discussion, said: I would say in reply to Dr. Dickinson, that it was not the cases with the typical picture of tubal rupture or abortion that I wished to point out how to differentiate from other intra-abdominal diseases, but the atypical cases and those with complicating conditions in the pelvis. In reference to the differential diagnosis between ectopic and uterine abortion I mentioned seven conditions for differential diagnosis and said that these were the most important ones with one great exception, and that this was the most formidable of all. I did not in the original paper call this exception by name, but I implied that it was uterine abortion and made it so evident in my contrast of the two cases that I reported one being a case of ectopic and the other a case of uterine abortion with a pelvic abscess.

Thyroid disturbances, including typical Basedow's disease, are associated with septic tonsils so often and show in some cases such marked improvement in all the symptomatic conditions after tonsillectomy and adenectomy that the relation of cause and effect is proved as more than a suspicion. And persistent thymus with status lymphaticus has been demonstrated in so many instances as associated with the need of tonsillectomy that coincidence does not satisfactorily explain it.—Wm. S. Tomlin in the Indianapolis Medical Journal.

Syphilis is more productive of cardiac disease than is generally supposed, and it is frequently associated with syphilitic affections of nerve bone, brain and aorta.

THE PARTURIENT AND THE PRACTITIONER.*

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A year or more ago, at one of the meetings of this society, I overheard a fragment of a conversation. Two of our members were having one of those little confidential, mutual consolation talks which are oftentimes as balm to the weary spirit of the medical man. One of these gentlemen said that "obstetrics is the curse of medical practice." This remark was not addressed to the writer, and therefore he made no audible comment, but he endorsed the sentiment.

I believe that this opinion is by no means rare among those general practitioners whose time is fairly well occupied with the multitudinous problems which make for the average professional day's work. I believe that many practitioners of medicine would rather not tread the thorny obstetrical trail at all; that they would be highly gratified if elementary humans could cross the threshold of mundane existence without their co-operation. I believe that when they receive an invitation to be present at the natal day celebration of an anticipated mortal, they would gladly send their regrets, were they not fearful of offending the relatives.

Why is it that the average busy practitioner looks askance at obstetrical work. Is it an obsession, or has he a reason? Let us look the spectre in the eye! Please remember that I am not presenting this paper from the standpoint of the specializing obstetrician, which is obviously quite different from that of the general practitioner.

Modern obstetrics comprises a vast improvement in technique—a revolution in methods pertaining to everything relating to the parturient female. The old regime has passed away. Those of us who have been in the game through the waxing and waning of many moons, look back upon the old pre-aseptic days as upon a grizzly nightmare.

All of this obstetrical modernizing means an enormous increase in taxation upon the practitioner's time, as well as upon his sense of responsibility and his anxiety. He understands the dangers which lurk in the

*Read at the January, 1917 meeting of the Practitioners' Society of Eastern Monmouth, held at the Monmouth Memorial Hospital, Long Branch, N. J.

parturient pathway far better than did the practitioner of the old days, and he therefore labors to minimize those recognized dangers.

Yet with all of this expenditure of skilled labor, time and solicitude, the rewards have not increased in equal proportion. Undoubtedly, the remuneration in this branch of medicine—at least to the average practitioner—is less satisfactory than in any of the others. The general public is but imperfectly appreciative of the importance of the role which is played by the practitioner in these affairs, and, looking into the future with its multitude of domestic expenditures, the medical fee is paid with little hilarity, to say the least.

Undoubtedly the entrance into the parturient world, of the modern trained nurse has vastly improved the situation and comforted the doctor; but, unfortunately, all parturients cannot afford to embrace the trained nurse blessing, and therefore the practitioner will often undertake unaided, or with most inefficient assistance, the adjustment of a serious and difficult obstetrical situation, which the skilled surgeon, under less important conditions, would refuse with scorn to deal with outside of a hospital. Furthermore, the responsibility is often shouldered in the midst of an officious family—the patients mother or grandmother offering continuous and gratuitous advice as to the proper method of procedure, frequently backing up her counsels by a citation of her own endowments and recognized qualifications in this field of endeavor.

Domestic tradition, especially among the proletariat is largely responsible for the difficulties which beset the obstetrical practitioner. The birth of a baby is but a natural phenomenon. Babies have always come into the world by the same old plan and pathway. The fourth and fifth chapter of Genesis are replete with the early history of human fecundation. "Adam knew his wife and she conceived and bore Cain and Abel"—and these select citizens of the world, together with Seth and Enos and Jared and some others were apparently quite busily engaged in knowing their wives and begetting. Perhaps they realized the importance of an early installation of the ancestor industry with a view to the needs of the D. A. R.'s and the Colonial Dames. Be this as it may, it is a story as old as the everlasting hills; and modern obstetrics with its ultra-cleanliness and its sterilization is looked upon with little appreciation

and less enthusiasm. The attitude of at least the most prolific portion of the general public is one of skepticism and even suspicion.

The question naturally arises: "Will obstetrical practice ever be conducted exclusively by specialists and will the generalists ever be liberated from parturient thralldom?" Undoubtedly as long as there are general practitioners in the ranks of the profession, there will be obstetrical work for them to do. The generalist must be prepared to play any role which time and circumstance may assign to him. He may not be a professing surgeon, but, nevertheless, to-morrow he may be precipitated into some surgical emergency.

First of all, as in other branches of medicine, the practitioner should endeavor to be a diagnostician. He should be quick to recognize complications and mechanical difficulties. If he can not differentiate between foetal heads and buttocks, between a knee and an elbow, a hand and a foot, or recognize a placenta previa without being aided by the sense of sight, he would better have some one with him who can. He should also be alert and watchful of his future parturient patient, keeping in touch with her during her pregnancy, seeing her as frequently as needs be, supervising her general condition, noting her pelvic diameters, and examining her urine as often as necessary.

The practitioner should likewise be familiar with obstetrical procedures in relation to parturient emergencies. He should know how to make proper traction in the axis of the parturient canal, how to deal with an adherent placenta and a post-partum hæmorrhage, as well as how to perform a version.

To mention these matters is apparently to harp upon the obvious, but the writer has seen glaring examples along these lines, illustrating the enormous difference between precept and example.

It goes without saying that the practitioner should not hesitate to summon competent professional assistance and he should know when assistance is necessary. Single-handed gallery plays in obstetrics are sometimes equivalent to disaster. There are, however, times when trouble comes practically unannounced and unexpected. Then the sailor on the parturient sea must be an able seaman, and know how to hand, reef, and steer. Allow me to cite two cases to illustrate a point.

Several years ago, I was summoned to

attend a parturient patient, a primipara of about twenty-five years of age. A very competent nurse, a graduate of this institution was in attendance. I saw the case first early in the morning before there was dilatation. I could not determine anything definite by per-vaginum examination, but by external palpation, I was fairly certain that the head would present. I then left the patient, and about six hours afterward, the nurse reported that pains had been regular although neither violent nor frequent, but that they now were coming at shorter intervals and were painful, and the membranes had ruptured.

Upon examination, I found the head presenting, and the vagina literally filled with a prolapsed funis. The cord was pulsating but the head was about to become engaged. I found that the loop had descended anterior to the foetal head, and that consequently the descending head would compress the cord against the mother's pubic bone, which is not considered a position of election.

As authorities claim a foetal mortality of about fifty per cent. in cases of prolapsed funis, I lost no time in futile efforts to reduce the prolapsus, but promptly sent out an S. O. S., to which one of my medical friends responded. He anesthetized the patient and I delivered her with forceps as rapidly as possible. The baby—a girl—is now nine years old, and the mother subsequently gave birth to a boy, minus any complications. Parenthetically, I might add that the first birth was followed by a post-partum hæmorrhage of unusual activity.

Incidentally some statistics might be of interest. Authorities differ widely as to the frequency of prolapsed funis. One says it occurs once in from two hundred to three hundred labors. Another says one in sixty-five. Still another says one in five hundred. Edgar says that in twenty-two hundred confinements in New York City, he found the cord prolapsed in twenty-six cases or 1.18 per cent., that is, one in 84.6 labors. All authorities agree that it is more frequent when the breech presents. The writer has seen a few cases of this complication, but can recall only one in a breech presentation. This experience is evidently exceptional.

About three years ago occurred the other case I wish to mention; a young Jewess of a good and prosperous family and very desirous of having a child. When I arrived, the first stage was well advanced with the buttocks presenting. The patient being a primipara with a breech presentation, I

asked for and obtained very capable assistance indeed. The nurse in attendance was very efficient.

The second stage was stormy from the beginning; but, it was not until the head reached the perineum that the real, old genuine brand of trouble commenced. There seemed to be no such thing on the cards as getting that head. The foetus was finally delivered, but not until it was gone beyond all hope of resuscitation.

Statistics tell us that the breech presents once in thirty-two labors, and that the foetal mortality is twenty per cent. You all know the situation—a neurotic primipara with a breech presenting. But this case was one with distinction. "It was something different again." Now in neither of these two cases was there any preparturient warning of the troubles which were to follow. Of the two cases, I would have said at the beginning of their respective second stages, that the second foetus had the better chance; but their endings proved the contrary.

Other cases could be cited emphasizing the point I wish to make—namely, that in obstetrics, the practitioner is often forced to contend with gigantic difficulties which are necessarily unexpected. Such a citation, however, would only be a summary of situations familiar to medical men of experience.

And now, what is the answer? The writer believes that the day is coming when all cases of parturition will be conducted within institutional walls, and certainly they *should* be.

When you enter a private home to pilot a parturient through one of these functions; you know not what is in store for you. I care not how studiously and how ably you have observed and advised your patient during her pregnancy. You are taking a gambler's chance, nevertheless. You may step in with the jauntiness born of a magnificent optimism, and within a mighty short space of time, you may be laboring like a "Wop" in a quarry with an accouchement force or the Lord knows what on your hands, and with every chance and circumstance against you. No one but a general practitioner of medicine would be so—well, call it altruistic and let it go at that.

A man could not be expected nor should he be willing to assume this responsibility except under the best possible conditions. As I said before, the experienced surgeon would not consider such a proposition. Compare your own operating and labor

rooms right here in this hospital with their atmosphere of efficiency and capability, and take mental note of the difference.

Kronig and Gauss in their work, I am told, insist upon absolute exclusion of all friends and relatives from the lying-in room. How much more satisfactory and even pleasing would the work be under this rule! And where could it be enforced except in an institution? Certainly the general public is not yet quite ready for this radical and progressive change; but events are moving in this direction, and the day will doubtless come when as a matter of course the pregnant female, when her parturient hour arrives, will willingly and unafraid, step into an institution, there to proudly fulfil what is said to be woman's highest destiny.

Then, indeed, will the general practitioner's millennium have arrived.

ST. MICHAEL'S JUBILEE.

Address Delivered at the Dinner of the Staff
of St. Michael's Hospital, Newark, N. J.
May 9, 1917.

By EDWARD J. ILL, M. D.
Newark, N. J.

On the eve of these serious and prolonged disturbances that have come over us, disturbances that have caused me sleepless and restless nights, it does one's heart good to be among so many friends, who have proven as loyal to this institution as they will prove loyal when our country comes to call them. We shall not have occasion very soon to meet again on so joyous an occasion.

This Golden Jubilee has been the occasion of serious thought with Sister Gaudentia and her faithful assistants. They have gone at this thing with that thoroughness which they go at every thing they do. The race they come from precludes anything else. Our thanks are due to them for this fine entertainment and I ask you to rise and drink to a continuance of the good work, which has been their's for the last half century and to a continuance of the good relation between the Sisters and the staff.

During the past month I have been reminded on these occasions that I am no longer a young man. The fact that I am a grandfather to a dozen children, and more coming, did not impress me with the fact as much as when my government refused my services which I tendered two months ago because of my age.

Soon after that I received a communication that I was expected to answer to the toast of "Then and Now" at a dinner given in honor of Dr. Kent, who always seemed old enough to be my father. To cap the climax I was asked to write on reminiscences of St. Michael's Hospital.

Well be it so. My family have been connected with this institution, that we love so much, for forty-four years. First my father, then myself to be followed by my brother, Charles, and then my son. I hope and trust that a grandson of mine will be a doctor and will assist in the centennial celebration. We shall all be here in spirit, for we know they will speak of the old men of fifty years ago as we shall speak of the old men of fifty years ago. I do not know what better I can say of them but what I have written for the fiftieth annual report.

At this, our Fiftieth Anniversary, it is only right and just that we should remember with kind and grateful appreciation those physicians and surgeons who have preceded us. The writer of this knew personally nearly all of those who labored in St. Michael's Hospital when it first opened its door. There were Dr. Wm. O'Gorman, a handsome man, whose very presence in the sick room inspired confidence. He was the friend of every beginner and always lent his benevolent assistance to such. His purpose was always altruistic. His learning in medicine was of a high order and of a practical kind. He was the first medical director. Then was good and kind Dr. Elliot, the friend of every mother and child in the city, whose good will he earned by his good nature.

The writer has now in mind Dr. Isaac A. Nichols, whose courtly manners never made it necessary for him to gain entrance into the drawing room by the way of the kitchen. The serious and earnest Dr. Woodhull made his rounds with the importance of one who knows his value.

Later there came Dr. Charles J. Kipp, whose abode was in the frame house, the first home of St. Michael's Hospital on High street. He never missed a clinic and soon drew a crowd to the room assigned to him. He was the most scientific man St. Michael's Hospital ever harbored under its roof.

With him came Dr. Charles Young,* the only physician still living of those early days, Dr. Anton Zehnder and Dr. Fridolin Ill. The former is to-day represented on

*Dr. Young has since died—July 14, 1917.

the staff by his grandson and the latter by two sons and a grandson.

Drs. Peter Hewlett, Cross and Zeh lent their enthusiasm and energy to the uplift of the institution, as also did Dr. Freeborn, later professor of histology at Columbia College.

Wednesday was general consultation day. The whole staff saw all the important cases and such as were sent by outside physicians. Students and young practitioners were always welcome and those energetic enough learned much practical knowledge.

St. Michael's had within its doors, the first clinic in the State for special work under the eminent and learned Dr. Kipp. Gradually other special clinics were opened. The gynecological clinic followed in 1881, which we believe was the pioneer clinic of that kind in the State. Soon there was a dermatological clinic under the wise supervision of its present incumbent. A nose and throat clinic followed as a child of the eye and ear department.

Of late years a neurological department and one for diseases of children opened its doors to charity.

Our radiographic department is second to none in the State and urological researches and a pathological laboratory are doing good work though in their infancy.

If we were allowed to mention all the names of eminent men connected with our staff, it would fill many a page and their names would add honor to any institution. It would be amiss, however, not to mention the enthusiastic, learned and universally respected Dr. William Pierson, the successor of Dr. Wm. O'Gorman, as medical director. Like his predecessor, he was the one to befriend every beginner in medicine, and a strict adherent to the spirit of medical ethics, which means a gentleman born and bred.

Our predecessors on the staff during the past fifty years should be remembered as men of unlimited enthusiasm, cheerful devotion to duty and of a charitable disposition. They should ever be an example for those who follow, and let it be with the same unflinching fidelity to St. Michael's Hospital.

The writer of this always showed these gentlemen his highest respect and admiration for their attainments, their keen insight into the symptomatology and their good and practical sense in the treatment of disease.

It is not the writer's intention to laud the Sisters for their work, though it is difficult

not to remember those superior women from Sister Ephrem to our present superior for their eminent ability and faithfulness. Let me say that the men were an enthusiastic set, who turned up their sleeves and worked as we rarely work to-day. They did what the heads of departments do to-day, besides that which our assistants do and lastly what our sisters and nurses do. They did an amputation, carefully dressed the patient, put him to bed, made him comfortable, went back to the operating room, such as it was, and cleaned up the instruments. They never forgot that admonition which a highly respected and honored member of the profession gave me at one time. He said, you may be called upon to take the pulse of the most beautiful and delicate lady and your next patient will be a dirty tramp whose impacted bowels you must clean out and you must do both conscientiously.

I have already talked too long, an excusable and common failing in an old man, but I wish now to present to the hospital a token of my respect alike to the hospital and those faithful women whom we call doctors' wives. I have been one of the founders of the Society for the Relief of Widows and Orphans of Medical Men of New Jersey, always one of its directors and lately its presiding officer. I have learned of the poverty among doctors and I have learned of our improvidence. If there was anything I could do to relieve the distress that doctors' wives and widows often suffered from, I wanted to do it. Nobody thinks of us and of her who shared our toils and tribulations.

Why could I not do that myself which others would not do for us. I asked the good Monsignore and the good Sister whether the authorities of the hospital would accept a sum of money sufficient to endow a room for the use of wives and widows of doctors, when misfortune puts them on the sick bed. The Sisters and the Monsignore acquired and an agreement to that effect was drawn up. Who deserved to be remembered more in this move than my deceased wife, I made it a memorial to her and incidentally to commemorate the fiftieth anniversary of St. Michael's Hospital.

I need hardly say that any doctor's wife or widow who accepts the hospitality of the hospital will receive the kindest attention of the sisters and the most careful consideration of the staff.

Clinical Reports.

Severe Anemia in the Newborn.

Dr. K. G. Percy reported this case to the New England Pediatric Society:

Eighth child, healthy parents, three brothers and sisters dead of the same apparent disease within 12 days of life. Other sisters and brothers well. Normal delivery; normal baby for 3 days. Rapidly increasing anemia, without apparent fever, hemorrhages or signs of sepsis. Seen on eighth day. Hgb., 18%; red blood cells, 2,100,000; white blood cells, 18,000. Smear showed moderate polychromatophilis, poikilocytosis, anisocytosis, stippling and increased platelets. Eighteen nucleated reds to 100 white cells. White cells, showing mononuclearcytosis, with a tendency of cells to be of primordial type. Wassermann negative. Parents' Wassermann negative. Transfusion, 50 cc., paternal blood, without apparent benefit, and death within eighteen hours. Autopsy showed only excessively active red and white blood cell-formation in spleen, liver, possibly thymus and lymph glands. Bone marrow not examined. The general picture of the case simulated a severe secondary anemia of infancy, described by Germans as pseudo-leukemia infantum.

Case of True Hermaphroditism.—Dr. Photakis, in Virchow's Arch. The patient, thirty-six years old, who had lived as a woman, came to autopsy. The external genitalia were male in appearance, though the penis was not perforated, the urethra opening at its base. The right scrotum contained a small testis, with vas deferens, that emptied into the right seminal vesicle. Between bladder and rectum lay a tube, connected with both, and consisting of vagina and uterus. From the left horn of the latter a tube extended, beside which lay an ovary. The true character of testis and ovary was demonstrated by microscopic examination. The case is thus unquestionably one of true hermaphroditism.

Unusual Foreign Bodies in the Rectum.—It is not unusual to find foreign bodies in the rectum which have been inserted by the patients themselves, who are usually sexual perverts. I recently had three cases in which the object inserted was an ordinary jelly glass. Another case proves that glass electrodes inserted into the rectum for the treatment of hemorrhoids and prostatic troubles are not without some danger. In this case, a physician was using an ordinary high-frequency glass electrode for the treatment of the prostate. The tube suddenly exploded while inserted 3 or 4 inches into the patient's rectum. It was broken into many pieces, and I removed it with considerable difficulty. The bowel, however, was not lacerated, and the patient suffered no injury.—William H. Kiger, M. D., Los Angeles.

A Case of Quintuplets.

W. Martin reports, in the British Medical Journal, March 17, 1917, the case of a woman, aged 39, who bore five babies in one labor. The woman was one of a family of eight children, with no history of multiple pregnancies, except that a sister had twins once. The husband was

one of a family of six with no history of multiple pregnancies. The labor began at 9 P. M. and terminated with the birth of the fifth child at 3.48 the next morning. A quarter of an hour later the placenta was delivered, which was in one large mass, with five separate sacs, each of which presented in succession during the labor and was ruptured by Martin. The children were well formed, about 8 to 12 inches in length, and were all born alive. Four were boys. They lived for periods varying from one and a half to twenty-eight hours. The amount of liquor amnii was enormous. The mother had a normal puerperium. The labor took place in the eighth month and it was her eighth pregnancy. All of the other children were living.

Morphine, Alcohol and Tobacco Habit.

Dr. H. E. Bundy reported this case at the Washington University Medical Society, Missouri:

Mrs. B., aged 28, had birth of first child at 13 years; was infected; given morphin; continued its use for six years; stopped habit herself. Has used alcohol for ten years. Three months prior to admission had pain in both feet, diarrhea with tenesmus and blood. Hands and feet became a reddish brown with desquamation. Began to use morphin hypodermatically, one dram a day. Has taken a large amount of alcohol, principally whiskey, about a pint a day. Has used tobacco since the age of 8, principally cigarettes.

Given Lambert-Towne treatment in the hospital. Since this time the color of hands and feet has become normal and desquamation has ceased. About the thighs are many bluish areas 1 to 2 mm. in diameter, with scarring, sites of injections.

Unusual Case of Umbilical Hernia.

Dr. J. W. Lane reports this case in the Boston Medical and Surgical Journal: The patient had suffered for several years from a small incarcerated umbilical hernia. The present illness for which she sought aid was ushered in by a severe pain in the mass at the umbilicus. This pain persisted three days, when it suddenly ceased. During this time the patient vomited nearly twenty times, but whether the vomiting was fecal, was not known. On the evening of the second day the vomiting ceased and there were several evacuations of the bowels following a dose of citrate of magnesia. On the third day a redness and tenderness appeared about the umbilicus and the hernial mass disappeared. On the fourth day the area of redness had extended, and was very much more tender. The physical examination was generally negative except for the abdomen. The abdomen was somewhat obese and was not distended, but lax and tympanitic. There was no protrusion at the umbilicus, but the depression thereof was unusually large and surrounded by an area of redness and tenderness and induration about 6 inches in diameter.

An operation was advised and performed. At a depth of 1½ inches in the fat about 2 ounces of foul smelling pus were evacuated. The pus had an odor characteristic of an appendix abscess. After the excess pus had been wiped out there appeared in the upper end of the wound a red mass about the size of a lemon.

This appeared to be the sac of a hernia with a rent about $\frac{1}{2}$ inch in diameter. In the left lower border protruding from this rent was a piece of animal bone, $1\frac{7}{8}$ inches long and $\frac{3}{8}$ inch wide. A piece of small intestine was strangulated in the sac, reddened but not gangrenous, and showing a perforation of $\frac{1}{4}$ inch in diameter, with its mucous membrane everted.

A Piece of Lead Pencil in the Orbit One Year: Case Report.

Dr. Joseph Bruder, New York City, presented this case before the Ophthalmological Section of the N. Y. Academy of Medicine, January 15, 1917:

H. G., aged six years, was brought to my office on the 28th day of December, 1916, with the following history:

He fell on his face one year ago, causing redness and swelling of the right upper lid and the right globe; the mother also noticed that there was a slight drooping of the lid. The family physician treated the boy for a period of about six months, at the end of which time he incised the so-called swelling, stating that an abscess had formed. The swelling persisted, however, and the wound refused to heal. The mother then took the child to several other physicians, who also incised the wound, but without success.

When seen by me, there was a swelling at the upper and inner margin of the orbit, the size of a hazel-nut, which had an appearance not unlike that of a sebaceous-cyst; there was also slight divergence of the right eye. I made a tentative diagnosis of a foreign body in the orbit. The following morning, under general anesthesia, I cut down into the abscess, and with a probe I detected a foreign body, which proved to be a piece of lead pencil, about three-quarters of an inch in length, imbedded obliquely in the antero-posterior diameter of the orbit.

Within a few days after the removal of the pencil, the swelling disappeared and the wound healed.

Plastic Operation for Repair of Ruptured Urethra.

Dr. Roland Hill, St. Louis, presented this patient at a meeting of the Surgeons' Club, of St. Louis. He said:

Some few weeks ago I presented a case of very severe urethral injury and secured the opinions of the members as to how best to correct the defect. Since then I have operated on the patient and have him here to show to you. The first thing that was done was to fill the bladder with boric acid, then introduce a trochar above the defect and through the trochar we placed a self-retaining catheter. The next step was to cut the scar tissue behind where the end of the organ was retracted and loosen it, increasing the space to almost two inches in length. The next step was to make an incision through the scar tissue leaving a space which was meant to be the route of the urethra. When this was done the tissues were loosened so that the surface was raw, and behind where the urethra came through (the sphincter of the bladder was not injured) a flap was taken from the skin of the under surface of the organ, turned back and stitched along the raw

space. I may say that first of all a solid bougie was introduced through the penis into the bladder, stitched over with fine black silk so that the under surface of the penis formed the inner lining of the new urethra. Then the soft tissues of the scrotum were pulled over so as to make another layer and the skin of the scrotum was brought over and fixed so that we had the skin of the under surface of the penis forming the inner surface, the soft tissues of the scrotum another layer, and the third layer formed of the skin of the scrotum which was pulled away over behind the inner layer of the sutures. The self-retaining catheter was left in for about ten days when it became encrusted in spite of all we could do and had to be removed. Then the bougie was removed and the catheter introduced through the penis. This was kept in for some time and removed every few days. Since then he has been treated by Dr. Burkford, who has dilated the urethra. I think you would all be willing to say that the result secured is satisfactory. At times, after stretching, he may have a trifling leak, but it will soon cease and practically everything comes in the normal way.

Multiple Cartilaginous Exostoses (Hereditary Deforming Chondrodysplasia.)

This case was exhibited by Dr. Philip M. Stimson of New York at the meeting of the Washington University Medical Society, St. Louis, Nov. 13, 1916:

The patient was an undersized, rather thin and anemic-looking boy of $9\frac{1}{2}$ years, whose mother had brought him to the hospital for observation, but specifically because of bony prominences particularly on his extremities, and because of so-called "nervousness." The boy had been born at the time of his mother's menopause, and following a severe nephritis during the last two months of her pregnancy. The baby had weighed less than three pounds at birth, and seemed moribund, but had gradually gained in weight so that at the end of a year he had appeared to be a fairly normal child. There was a history of epileptiform convulsions which were very frequent in infancy particularly, but which seemed to be irrelevant to the bone condition. At 4, certain irregular prominences in his long bones had first been noticed, and these had grown steadily with the bones without causing any symptoms whatever. There was no history of trauma, except a broken finger following an accident. The boy's mother showed similar bony abnormalities in her wrists and upper arms, and an older married sister also showed similarly abnormal wrists, but the boy's three other brothers and sisters were apparently unaffected as were also the children of the married sister.

Examination of the patient revealed hard, apparently bony, prominences, of varying shapes and sizes, situated on the long bones of the extremities in the vicinity of the epiphyseal lines, also a few spur-like knobs along the crest of each ilium and on the body of each scapula, but the skull, vertebrae, ribs, and the bones of the hands and feet seemed to be uninvolved. Roentgenograms showed numerous cartilaginous exostoses in the patient's limbs, and a similar condition in the mother's wrists and upper arms.

Dr. Schwab had noted no particular anomalies in the musculature, except that there was a remarkable degree of hypotonia at the wrists and ankles while motion at the elbows and knees seemed quite spastic. A Binet-Simon test sowed a mental age of approximately 6 years, a condition thought to be a permanent subnormality rather than due to the defective vision. Wassermann tests on the mother's blood, and on the patient's blood, were both negative.

Abstracts from Medical Journals.

The Indications for Operative Interference in Cases of Aural Discharge.

In the Medical Chronicle Dr. Sewell states that the signs and symptoms which singly or severally call for interference are:

1. A discharge which persists in spite of treatment; 2. A discharge which is fetid, blood-stained, or contains cholesteatomatous material; 3. recurring polypi; 4. Carious bone; 5. fistulae; 6. pain; 7. tenderness; 8. headache; 9. vertigo with or without nystagmus; 10. increase of deafness with diminished bone conduction; 11. facial paralysis.

Tonsillectomy for Arthritis.

Dr. Martin J. Synnott, Montclair, in the medical Record, says: Years ago it was the tonsils; when these were removed the arteriosclerosis would be relieved, the rheumatism cured, the arthritis deformans checked. Now we know that the tonsils may be organs of elimination of bacteria and toxins as well as foci of infection and that their indiscriminate removal is not to be advised. As good a man and experienced an observer as the clinical professor of pathology in one of our largest medical schools states that the worst cases of chronic rheumatism and its sequelae he has seen, have occurred in individuals who had had their tonsils removed in youth; and he unqualifiedly condemns this procedure as lessening one's immunity to infection.

Acute Syphilitic Meningitis.

Dr. Boris Bronstein of Odessa, Russia, considers that the term acute syphilitic meningitis should be more particularly applied to acute meningeal phenomena of the secondary period, sometimes preceding, but more frequently accompanying the cutaneous manifestations of this period. The pathology is essentially a meningovascularitis with hypersecretion of the cerebrospinal fluid. Prodromal symptoms, such as headache and insomnia, may or may not occur. Acute syphilitic meningitis at its height, as Bronstein says in the December International Clinics, presents the clinical picture of the tubercular form, differing from the latter by the indistinctness of the symptoms, such as contractures and stiffness of the neck, and by the absence of any marked disturbance of the pulse and respiration. In the luetic form fever is apt to be absent and there may be remissions and relapses. Lumbar puncture reveals a considerable hypertension of the cerebrospinal fluid, albumin in quantity, and a marked lymphocytosis with plasmazellen. The cerebrospinal fluid may yield a positive Wassermann even when the blood serum is nega-

tive. Other manifestations of syphilis are to be looked for. The immediate prognosis is rarely fatal but the ultimate prognosis should be reserved. Prophylactic treatment is recommended whenever the cerebro-spinal fluid shows a lymphocytosis, even when all meningeal symptoms are wanting. The treatment consists in frequently repeated removal of the cerebro-spinal fluid in considerable amount, combined with intravenous injection of cyanide of mercury and intraspinal injections of colloidal mercury. Neosalvarsan or salvarsan have a much more rapid action, but must be prudently handled in neurologic lesions of syphilis.

Bradycardia of Thyroid Origin.—Sakai gives several charts and tables to show the course and details in a case of disturbance of impulse production, auriculoventricular automatism, with pronounced bradycardia—pulse 42—all evidently traceable to irritation of the vagus nervous system. The data presented demonstrates that this irritable condition of the vagus is the result of the normal thyroid secretion. The thyroid functioning was at a very low ebb, and the heart disturbance could be corrected at will by injecting treatment. The patient was a woman of 42 who had long had an apparently ordinary goiter, and complained of loss of hair and menorrhagia. Sakai says that he knows of no analogous case on record in which impaired functioning of the thyroid was responsible for abnormal impulse production of this type in the heart.

The Recurrence of Gall-Stones.

Dr. John B. Deaver, Philadelphia, in a recent paper on the recurrence of gall-stones, says that recurrence of symptoms requiring a second operation, developed in a little over 4 per cent. of his cases. What is especially significant is that most of these recurrences (and in his latest, tabulated, series, all of them) were in patients in whom cholecystostomy, not cholecystectomy, had been performed. Secondary operations were required in some cases for adhesions, but in most cases for stone; and in 60 per cent. of the cases the secondary operation was required within one year after the first. Deaver's conclusion is that in the majority of these cases the stones were not new formations but had merely been overlooked at the first operation.

Diabetic Gangrene.

The following is an abstract of the paper presented by Drs. J. Jopson and E. H. Goodman, Philadelphia, at the annual meeting of the Penn. State Medical Society:

Judging from the favorable results of the treatment of diabetes by the Allen method, is perhaps not too much to hope that, with careful consideration of every case of uncomplicated diabetes, diabetic gangrene may be prevented. We believe that diabetic gangrene is only a manifestation of an infection on the basis of lowered tissue resistance plus arteriosclerosis in most cases. There is, however, no specific organism of diabetic gangrene. The rational treatment of diabetic gangrene should be dietetic and local. Should the condition progress in spite of the strict observance of Allen's dietetic method together

with proper local measures, then the indications for amputation must be considered. These indications are extension of the local process with signs of septicemia and high glycosuria; or extension of the local process with signs of septicemia in the presence of acidosis. However, in the presence of septicemia, even with low glycosuria or sugar-free urine, operation may be indicated. A high percentage of glycosuria in no way contraindicates operation, although it is better to reduce the urinary sugar if possible. When the local and general conditions become grave, operation should not be deferred. Our experience has shown that fasting should give place to free feeding some time before operation. We favor the use of alkalies in large enough doses to render the urine alkaline before operation, and prefer to administer sodium bicarbonate by mouth and by proctoclysis. Water is given freely before operation, and operation may be performed under local anesthesia. Ether and chloroform are contraindicated with patients giving a history of glycosuria.

Observations Upon the Etiology and Treatment of Heart Disease.

In a paper in the Boston Medical and Surgical Journal, Dr. White presented the following conclusions.

1. The male sex has been found to be more subject to auricular fibrillation, auricular flutter, heart block, and alternation of the pulse than has the female sex.

3. Auricular fibrillation and alternation of the pulse occur at the same ages, and most frequently in the fifth and sixth decades.

4. Rheumatic hearts usually show normal mechanism or auricular fibrillation, much less commonly pulsus alternans.

5. A considerable percentage (36 per cent) of syphilitic hearts showed alternation of the pulse; few were fibrillating.

6. A patient with cardiac insufficiency in the course of cardiorenal disease was very apt to show pulsus alternans, either constant or more frequently only after ventricular premature beats.

7. Cardiosclerosis often resulted in the production of fibrillation and alternation.

8. Hyperthyroidism of long standing was sometimes attended by auricular fibrillation.

9. Alcohol, tobacco, tea, and coffee appeared to play no direct part in the production of serious disorders of the heart-beat.

10. Two-thirds of the patients with auricular fibrillation, one-half of those with alternation of the pulse, and one-third of those with normal mechanism in the present series showed physical signs of cardiac insufficiency.

11. Digitalis was used in 88 per cent. of these decompensated cases, almost always in the form of pills of standardized leaves. Intravenous medication was used in urgent cases only.

12. Morphia was given beneficially in nearly one-half of the patients with physical signs of insufficiency, often one dose sufficing to give the patient the first comfortable night in weeks.

13. Venesection was found useful in a few urgent cases.

14. The change of diet to five small meals daily was often much appreciated by the patients.

Local Medical Societies.

The Clinical Society of the Elizabeth General Hospital.

(Continued from the August Journal.)

Dr. Grier reported a case of double pyelitis and said the pus has now disappeared. Dr. Conover said, it is an interesting thing to me how well this cleared up on Hegnon and it was interesting also from the fact that this case had pus casts and you must have purulent inflammation of the kidney proper.

Dr. Robinson reported a case of chronic prostatitis, and said what he considered interesting about this case was the fact that the only symptom was severe pruritis; he found that the prostate was large and contained pus, and it took a year before the prostate was made normal by massaging.

Dr. Stern reported the case of a young child who had been vomiting for 8 days in a peculiar way. I questioned the mother as to whether the child could have gotten anything into its throat, and she declared that it could not have, because she had not let it be on the floor or any place where it could have picked up anything. An x-ray picture was taken which showed a foreign body in the oesophagus at the line of the clavicle and as the child came from Newark we took it to the doctor, who tried to remove the foreign body, and after a lot of trouble, he removed a "tidle-winks."

Dr. Green reported a case in which a mistake has been made, and said, it was interesting to him from the standpoint of a mistake in the diagnosis, and also as showing the extreme toleration that the uterus has to operation on it. This was the case of a woman who is 42 years of age whom I examined vaginally. After she was under ether he saw that the cervix resembled a carcinoma and did a high amputation of the cervix, and at the time did not suspect that she was pregnant; after the operation she was relieved for two or three weeks, but after that she had pain associated with yellowish discharge, and came back and he found a carcinoma spread outward toward the vulva and noted that she had quite an enlargement of the abdomen which at first appeared to be an extension of the carcinoma upwards, but after seeing her a number of days she remarked that she could feel something move, and sure enough he could feel the movement of a child; the child was alive when the mother was seen in October, and on November 14th or 15th, the doctor did a Caesarian section and delivered her of a live child. The case was interesting to him from the fact that the uterus would tolerate a high amputation of the cervix without aborting. He at that time was not sure that it was carcinoma, and had been his habit to curette the uterus before performing a high amputation.

Dr. Eaton in reporting a case, said he was reporting it because he believed it to be an instance of the recrudescence of poliomyelitis. The patient went along for ten weeks and for five weeks of that time showed the same condition as all cases of infantile paralysis, and then began improvement, and after four weeks of improvement got a relapse. There was no pathological proof but he could not find any

other reason for the death except acute paralysis. He also said that he thought that so long as the effects of infection remains in the tonsils it is very possible for new infection to take place.

Dr. Eaton reported the case of a boy who had two minor operations performed at the same time to show the risk we take in doing minor operations. The child was 5 or 6 years old, and the interesting feature of the case was that the child was subjected to two operations at the same sitting, at first a tonsillectomy was done, then the physician in charge of the case did a circumcision. On account of the circumcision, the anesthesia was kept up a little longer than usual; after a few minutes the child began to be cyanotic, the pupils dilated and the operation was hurried to a conclusion. The child continued with short respirations and he took a few minutes' time to clear up. We suspected at the time that there was an enlarged thymus.

Dr. Green reported a case of paralysis that he has in charge who has a history something like this. Eight weeks ago complained of marked pricking sensation in the lumbar region for three or four days, which gradually subsided, and he had continued pain in the back. Last Thursday he sent for me complaining of pain in the back of a cutting character, extending down both sides, more marked on the left side, and on Sunday he showed a marked flexed paralysis of the whole of the right leg, and all these days he had a temperature of $101\frac{1}{2}$ to 102; he had infantile paralysis by examination of the spinal fluid. The question is whether he had the disease eight weeks ago or not; if he had, this last is simply a stronger outbreak of the infection. In the last few days he has complained of dryness of the throat, which he says is very marked.

Discussing Dr. Green's case of paralysis, Dr. H. R. Livengood said he had a case where the leg paralysis had appeared about ten days after the paralysis of the face. He asked the question whether this was due to extension of the lesion or a reinfection. In reply, Dr. Eaton said there is no explanation for the stronger outbreak of the paralysis, that there is not necessarily any immunity because you have a short interval between these manifestations of paralysis and there is always a possibility of infection persisting in the nerve tissue.

Meeting of December 19th.

Dr. Steinke presented a case of actinomyco-sis, showing pictures of lesion before and after treatment. Had been treated in July with x-ray and second treatment about three weeks ago with much improvement, and absolutely no K. I. given.

Case of Dr. Mravlag presented by Dr. Steinke of xanthoma nodosum. Woman has had it for nine years, has it on elbows, knees and it is beginning on face. Wassermann negative.

Dr. Wilson presented a case of circular, ring or annular ulceration of the cornea, which is rather rare. The ulceration begins at the edge of the cornea and travels around in a curve, sometimes meeting where it started and cuts off the circulation of the cornea. In this case there is about 4 mm of clear cornea where it

has not united. The boy has markedly improved and nature is making an effort to cure this case. You will notice the ulceration is covered up by the conjunctiva. All that was done was to use atropin and apply heat according to the method of Dr. Prince, who has special apparatus. Dr. Wilson used the electric soldering iron and heated it up to about 150° and just held it near the eyeball. Most of these cases come from malnutrition.

Dr. Shangle presented a case of tumor of the axillary section on the right and read a paper on the same. He said the interesting feature of the case is that no primary focus is discoverable.

Discussing Dr. Shangle's case of carcinoma of the axillary gland Dr. Conover said: In regard to the pathology of this, I cannot do any more than say that we both agreed that there could not be anything else than glandular carcinoma and that some primary focus must have existed (and it may be so small that it could not be detected without an autopsy), but I hesitated to make a positive diagnosis of carcinoma because it seemed to have no primary focus. You can see the carcinoma cells under the microscope within the blood vessels but whether it has grown there or passed through it is very difficult to say.

Dr. Bailey said: Discussing the case of carcinoma of the axillary gland of Dr. Shangle, it is certainly extremely unusual to find primary carcinoma of the lymphatic glands.

It is very hard to imagine a primary focus somewhere and yet so small to give rise to such a large carcinoma as this. It will be extremely interesting to watch this case because we shall all like to know where the primary focus is.

In reply to the question of Dr. Banker, Dr. Shangle said that Bland-Sutton, in discussing this subject, says that it is possible for the primary focus to undergo retrogressive change and heal while the secondary glandular involvement may progress to the patient's destruction. He cited a case illustrative of this in which a lesion of the scrotum had healed and the patient had succumbed to secondary glandular metastases.

Dr. Grier said for several years past there has been much more thought given to the duodinae diagnosis than has been given before. The case in point was a young man in town under my care for several years, and the result of it was that he would not see any more and he went to other doctors and was treated for indigestion, gastritis, etc., but about three weeks ago he called for me. His history was that he had gone to bed; had little pain and in the morning about six o'clock considerable pain; seven o'clock very severe, and I made a diagnosis of ruptured duodenal ulcer. Dr. Green confirmed the diagnosis and we operated within four hours after rupture. Abdomen was opened, an ulcer found low down in the pyloric portion of the duodenum. A circular suture was passed and the ulcer covered with omentum and the abdomen closed. The man has made a very nice recovery and is now well. The lesson that comes back to me is, in regard to what we shall tell these people. It would seem that it is simply to tell them that medicine will not help them.

Dr. Green reported case of young woman

who was perfectly well until four years ago; operated on her for appendicitis; following that she was the victim to a tape worm and following that had a severe case of colitis and this lasted for quite a long time and after colitis subsided she would complain at times—first at longer periods and later at decidedly shorter intervals, of sharp colicky pains in the abdomen. After the pain, which would last from one-half to one hour, she would complain of points of tenderness exactly corresponding to McBurney's point in the left side. I had x-ray pictures of the large bowel taken and all showed an adhesion of the sigmoid and a kinking at about the spot where she complained of the pain. About two weeks ago she submitted to operation and it revealed an adhesion of the sigmoid to the left lateral abdominal wall, producing the kinking as shown by the x-ray. And the question is whether it was the after result of tape worm or the treatment which she received for the removal of the tape worm. She has made a good recovery and so far has not had any more of these pains.

Dr. Schlichter in discussing the case of tape worm in the young woman, reported by Dr. Green, said: The remarks of Dr. Green relative to treatment of tape worm producing this adhesive condition makes me believe that there is something in it because I went through that same performance about 10 or 11 years ago and since then have had the troubles that this young lady complained of, and when they operated on me for appendicitis they found the large intestine adherent in many places. This raises the question whether the powerful doses that we give are strong enough to produce inflammatory conditions later, and it seems to me it is a thing we ought to consider.

Dr. Wilson said: Dr. Green's remarks about treatment of tape worm brings to my mind a case I saw last spring, a man 45 years of age who came to me to see about his throat; another doctor wanted to remove his tonsils. He said he had irritation in his throat and because of certain symptoms I ordered a cathartic and told him to watch his stools and he passed 10 feet of worm. I then gave him "Thums' tape worm capsules," and I have never seen anything work better than these capsules.

Dr. Conover said, in regard to medicine used for tape worm, that he did not personally believe that the chemical retained could produce enough inflammatory condition in the bowel, he believed you would have to have some infection.

A case of Dr. Conover's was reported by house doctor, of pneumonia with meningitis, and in the examination made of the spinal fluid he wished to bring the attention of the doctors the numerous organisms in the smear. The diagnosis is pneumonia with meningitis, which we were well able to prove by the organisms—the specimen shows the result, in the same smear, of the diplococcus and right with it the streptococcus.

Dr. Grier reported a case of ectopic gestation with rupture. Dr. Green said in regard to Dr. Grier's case of ectopic gestation with rupture, he thought the reason why these cases were apparently obscure was because the condition was not gone into with sufficient definiteness to make a positive diagnosis. The diag-

nosis should be made from irregular menstruation and from the other symptoms coupled with the pain which is evidently more severe than what you have in miscarriage and the pain in extra-uterine is most severe, and we should also take into consideration the shock which this woman showed. One of the points in the diagnosis of this condition is that vaginal examination in his experience was of absolutely no value. He said: There is another symptom which this woman had. I asked her if there was any increase of pain when holding her urine, and she said "yes." I have taken pains to ask all my patients this, and in practically every instance they have confirmed this observation. One point in the treatment which is important is that a 5 o'clock she seemed to be at the point of death and the doctor thought that it was a critical case and requested me to come to see it, and my belief is that the morphine given helped her very much, and we operated without any trouble.

Dr. Quinn said that this woman passed clots of blood. At the time she was first here he told her that she was pregnant and she denied it, and was frank to say that he thought something was done to produce abortion; he believed there was some peritonitis; the blood count showed such a very large amount of leucocytes.

Dr. Conover said, in regard to ectopic gestation with rupture, that you may have large increases of white cells. He had a great deal of difficulty to get sufficient blood to make a blood count and only got sufficient blood to make a white count as all her blood had been drawn from her peripheral circulation. Another thing of interest in this case was that he had never seen as many white cells as in this case, they seemed almost as numerous as the red cells.

Dr. Wilson presented a very large specimen of polypi removed from the ear. These polypi followed chronic purulent inflammation in the middle ear, and this one was the largest the doctor had ever seen.

Dr. Bunting presented two placentae praevia showing the elongating of that portion of the placenta which extruded within the os.

Washington Society of Clinical Medicine.

The regular monthly meeting of this society was held at the home of Dr. Edward H. Moore, Asbury, N. J., on Friday evening, July 27.

The scientific program consisted of a paper on "Asthma," which was presented by Dr. Moore and was discussed by the members present.

The society has eleven members; five live in Washington, two in Easton, Pa., and one each in Asbury, Hampton, Clinton and Annandale. Some come fourteen miles to the meetings.

National Societies.

American Association of Anesthetists.

At the fifth annual meeting held in New York City June 2, 1917, the following officers were elected for the ensuing year: President, F. W. Nagle, Montreal; vice-presidents, Albert H. Miller, Providence, R. I.; Isabella C. Herb, Chicago, and Freeman Allen, Boston; secretary-treasurer, James T. Gwathmey, New York.

American Association of Immunologists.

At the meeting of this association held in New York City in April, the following resolutions were unanimously adopted:

"Whereas, The Government of the United States may soon need the services of trained bacteriologists and immunologists and the facilities of their respective laboratories;

"Be It Resolved, That the American Association of Immunologists in meeting on April 6th and 7th, 1917, as a body and as individuals offer their services and the facilities of their laboratories to the Federal and respective State governments; and

"Be It Further Resolved, That the secretary of the American Association of Immunologists send a copy of this resolution to the Secretary of War."

Societies to Convene.**Obstetricians and Gynecologists.**

The 30th annual meeting of the American Association of Obstetricians and Gynecologists will be held in the Robert Treat Hotel, Newark, on September 17-19, 1917.

At 9.30 A. M. on September 17, addresses of welcome will be given by Mayor Raymond and Dr. A. A. Strasser. Dr. G. K. Dickinson will speak on "A Plea for a More General Use of Colpo-hysterectomy, Incomplete in Chronic Metritis"; Dr. E. W. Hedges on "Physical Conditions in Women Warranting Sterilization"; Dr. Bonifield of Cincinnati, on "Uterine Prolapse"; Dr. E. J. Ill on "Demonstration of the Operation for the Cure of Complete Perineal Laceration"; Dr. A. T. Jones of Providence on "The Operative Treatment of Procidencia"; Dr. F. Reder of St. Louis on "Cervical Lacerations," and Dr. N. S. Scott of Cleveland on "Acute Dilatation of the Uterus."

Other sessions will have equally interesting programs and among their speakers will be the following Jersey doctors: Drs. W. E. Darnall and E. Marvel, Atlantic City; C. L. Ill, Newark, and A. A. Strasser, Arlington. The annual banquet will take place at the Robert Treat Hotel on Tuesday evening, September 18, at 6.30 P. M.

American College of Surgeons.

A conference of 350 surgeons, elected by the Fellows of the American College of Surgeons, from the various States, is to be held in Chicago, October 19 and 20. The purpose of the meeting is to lay out a practical and working plan for the standardization of the hospitals of this continent. It is to define what right hospital standards are, moral and scientific, and to determine how to put them more widely into effect.

New Jersey surgeons elected to the conference are: Drs. Gordon K. Dickinson, Jersey City; Edward J. Ill, Newark; James Spencer Brown, Montclair; Philander A. Harris, John C. McCoy, Paterson; Emery Marvel, Atlantic City; George H. Sexsmith, Bayonne; George N. J. Sommer, Trenton; August A. Strasser, Arlington.

The aim of the standardization is for the better welfare of patients. These are questions to be answered: How can the profession

of medicine provide, through hospitals, the best scientific care to patients at a minimum cost? In what hospitals is competent and honest service provided for all patients? The investigation will extend over a period of about ten years. It will deal with such practical problems as the unnecessary surgical operation, the incompetent surgical operation, the division of fees, the training of nurses and of internes, the equipment and use of clinical laboratories, and the keeping of case records.

Clinical Congress of Surgeons.

This Congress which was scheduled to hold its clinical meeting in New York this year, has changed its plans. It will hold a "War Convention" in Chicago, Ill., during the week beginning October 22.

American Public Health Association.

The annual meeting which was to have been in New Orleans in December has been changed to Washington, D. C. This is because war hygiene is a subject of such importance at the present time that the congress believes it can better help solve the war problems from the sanitary standpoint by making this change.

Miscellaneous Items.

A Motto for a Pathologic Amphitheater.—The dissecting room at Toulouse is decorated with an inscription which would be singularly apt for a necropsy theater, *Hic locus est ubi more gandet succurrere vitae*. "This is the place where death delights to help life."

Columbia University Admits Women Medical Students.—A gift of \$50,000 from George W. Brackenridge of San Antonio, Texas, will enable Columbia University to open its doors to women students this fall. An addition to the present building will be begun at once, in order to provide laboratory facilities in the departments of chemistry, pharmacology, pathology and bacteriology.

Physicians Raise Fees.—From Boston comes the announcement that in order to meet the high cost of living the physicians of that city have agreed to double the price of consultation and to raise the price of night calls. The new schedule for visits is as follows: Between 8 A. M. and 5 P. M., \$3; between 5 P. M. and 9 P. M., \$4; between 9 P. M. and 8 A. M., \$5.

The Determination of Sex.

Prof. F. E. Chidester, Ph. D., New Brunswick, in an article in the N. Y. Medical Times, July, 1917, draws the following conclusions:

The best evidence which can be adduced shows that in man there is no means of pre-determining sex. We know that certain spermatozoa are male producers and that certain others are female producers, but there is no means of controlling such spermatozoa in the process of fertilization.

Military Hospitals Planned.

Thirty-two new army hospitals are being built at a cost of \$14,500,000 for National Troops and National Guards' camps, and plans

have been made for enlarging some of the thirty hospitals used in connection with officers' training camps. Steps are also being taken to work out plans for reconstruction hospitals where artificial limbs will be made and fitted, repair surgery done and cripples can be taught to use the artificial limbs.

The aim of the medical department at Washington is to have hospital provision for five per cent. of the enlisted force by fall and then to ten per cent. Abroad facilities for twenty per cent. of the expeditionary force will be provided for. Provision will be made at the cantonment in this country for three per cent. of the troops in each camp. The hospitals constructed at each of these camps will contain at the fewest 1,000 beds and the cost of each hospital will be approximately \$500,000. Each of these hospitals will have an equipment equivalent to that of the best hospitals in this country. Each man in the new armies will have the equivalent of six or more examinations by specialists, in addition to the examination as to his general health and condition.

Course in Military Surgery.—The trustees of Columbia University, at the request of the faculty of the College of Physicians and Surgeons, have requested the War Department to assign an appropriate instructor to conduct a course in military surgery at the college.

The Rarity of Conjugal Phthisis.

Rr. Maurice Fishberg, in the *Amer. Jour. of the Med. Sciences*, maintains that the simultaneous or consecutive occurrence of phthisis in husband and wife is extremely rare. In an examination of 170 married couples in which one of the consorts was tuberculous, and who lived under conditions that favored the transmission of the disease, only five or 2.9 per cent. were found in which both husband and wife were affected. Many cases in which both the husband and wife are affected with tuberculosis can be found if carefully looked for, but their relative number is small, and they appear to be coincidences analogous to cases of conjugal diabetes or cancer, of which there are many examples in medical literature.

Lawyers and Doctors Fees.

The average man will give an attorney from three to five thousand dollars, together with a life-time of praise, to keep him out of the penitentiary for from two to ten years, yet at the same time will raise a phosphorescent glow and a kick that can be heard around the world if a doctor charges him fifty or a hundred dollars to keep him out of hell for a life-time. We are only people under God's ethereal tent to-day who keep open shop for twenty-four hours a day, for three hundred and sixty-five days each year. We are also the only laborers who keep on working for people who do not pay.—*Bulletin Lawrence County Medical Society.*

Verdict on a Chiropractic.

Investigating the death of a M. C. R. engineer in St. Thomas, Ont., who died from the effects of typhoid fever while under the treatment of a chiropractor, a coroner's jury returned a verdict that his death was due to fever, lack of nourishment, and improper treatment. They recommended: "We strongly

recommmend to the city solicitor or proper officials that the provincial government be petitioned with a view to compelling chiropractors to pass their matriculation, and define in their diplomas the diseases in which they are entitled to practice. We further are strongly of the opinion that they should not be allowed to mislead the public by their professional advertising."

The Old Practitioner.

The supercilious way in which certain medical highbrows regard old practitioners only goes to expose the highbrows' own stupidity.

Any man who has practised medicine for thirty, or forty, or fifty years develops an insight into certain phases of disease that is simply uncanny. You find it out by some accident of personal or professional association, as a general thing, and it is so marvelous and impressive that there are no bounds to your respect.

Such possession overwhelmingly neutralizes criticism that is captious and superficial, and based upon the scientific pedantry that is our present-day curse.

Snap judgment directed against the old practitioner is always stupid, not to say idiotic.—*Medical Times.*

National Prohibition Favored by Dr. Mayo.

"National prohibition would be welcomed by the medical profession," declared Dr. Charles H. Mayo of Rochester, Minn., the newly inducted president of the American Medical Association, in an address at the formal opening of the annual meeting in New York City. He advocated that a medical officer be made at once a member of the President's Cabinet; urged greater conservation of life in this country, as made necessary by the war, and advised doctors and all professional men to stop talking about the supremacy of other nations in science, a supremacy that didn't exist, he declared, adding "Tongue-control will do this nation more good than birth-control." Dr. Mayo called upon all medical men to respond to their country's need in war.

Specific Antipoliomyelitis Serum for Clinical Testing.—Dr. Horace Greeley, 140 Clinton street, Brooklyn, N. Y., offers free of charge to the profession for clinical testing a limited amount of horse serum from an animal immunized with cultures of five strains of the poliomyelitis organism obtained from the nerve centers of victims of last year's outbreak. The serum has been prepared with the same technique as is employed in the production of antimeningococcus serum, so successfully used in cases of cerebrospinal meningitis, and it is hoped will prove effective in reducing the mortality and extent of paralysis in poliomyelitis. The serum will be supplied in vials of 25 c.c. and should be used on the day obtained, intraspinally. It is expected that full data regarding the course of a case, in which the serum is used, will be supplied. When desiring serum, a physician should either send a written request or call in person. Information in regard to cultures used in the preparation of the serum will be found in an article by Dr. Greeley published in the *Medical Record*, January 13, 1917.

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DR. THOMAS W. HARVEY.

ACTING PRESIDENT OF THE MEDICAL SOCIETY OF NEW JERSEY.

Dr. William G. Schauffler, president of our State Society, having been appointed Sanitary Inspector of the Thirty-ninth Division, National Guard Army, with the rank of Lieutenant Colonel, Medical Corps, and stationed at Camp Beauregard, Louisiana, has notified him to take up the duties of Acting President until further notice. Dr. Harvey's address is Main street, corner Hillyer, Orange, N. J.

We congratulate Dr. Schauffler on his appointment. It is a just recognition of his long, able and faithful service in the National Guard of New Jersey and of his efficient work in the present war preparations at Sea Girt. While we shall feel his loss as president of our Society, we also feel greatly honored that, as president of The Medical Society of New Jersey, he is maintaining the past record of our Society for loyalty and patriotic service of country and of humanity, and is expressing the sentiments of our entire membership in favor of the triumph of the rights of humanity over the *might* of autocratic intrigues and assaults.

We are glad that the duties of the presidential office during Dr. Schauffler's ab-

sence will devolve on so able and worthy a successor as Dr. T. W. Harvey, our first vice-president.

We are glad to report Drs. Gray and Strasser as recovering from severe illness. Dr. Strasser has partially resumed work. Dr. Gray hopes to do so by October 1st.

NO NEED FOR DRAFTING THE MEDICAL PROFESSION.

We have been asked to make a strong appeal to physicians to enlist in the military service of our country during the war, an appeal that would savor of an alarm—that a draft for physicians will probably be required to secure the requisite number to supply the great army that our Government is now raising. We believe it would be an uncalled for and an unjust reflection upon the patriotism of the Medical Profession—a patriotism that has never been lacking in the past and will not be in the present need for its expression.

New Jersey will not fall behind her sister States in supplying its full quota. The physicians of some of our cities and communities are responding beyond their proportionate share of that quota; many of them are making tremendous personal sacrifice and some sacrifices that will be greatly felt by their communities and by the hospitals they have faithfully served and which will sorely feel their loss.

The editorial in the A. M. A. Journal of August 11, page 474, gives important facts and expressions, with which we are in full accord, which we insert, as follows:

What are the facts? On August 4 approximately 16,000 physicians had offered their services and had made application for commission in the Medical Reserve Corps. Of this number, nearly 14,000 had been recommended for commission. Some of the remaining 2,000 applications were pending; others had been rejected for cause. Of the 14,000 commissions recommended, nearly 9,000 had been accepted. This leaves about 5,000 applications which may be accounted for as follows: 1,300 were pending in the Adjutant-General's office; an uncertain number had been sent out too recently to allow for the acceptance to be returned; some who had received commissions were delaying—for various causes—in sending in the acceptances. What proportion of this group will finally accept their commissions is problematical: but based on information which we believe to be reliable, we confidently assert that there are at the present

time at least 13,000—probably 14,000 is nearer the correct number—physicians ready when called on for active service. These figures do not include physicians who have entered the regular Medical Corps during the last few months, or those connected with the National Guard, the latter at least 1,000 in number. Moreover, from 100 to 150 new applications are reaching the Surgeon General's office daily. To advocate a special draft of physicians under these circumstances is an insinuation against the medical profession which should be insistently resented.

We repeat: The physicians of this country have been and are offering their services, at tremendous sacrifices in many instances, and are doing their full duty without compulsion and without a special draft. We are confident that not only the present, but every future need which the country may have for medical men, will be supplied by our profession, without coercion or threats.

ENLISTMENT OF PHYSICIANS AND MEDICAL STUDENTS.

The *Boston Med. and Surg. Jour.*, in an editorial says: "Those that can be spared at home must go, those who are more useful at home should be kept there. Our great city hospitals must not be crippled, and at all costs we must preserve adequate faculties for our medical schools, and keep them in full operation, so that the ranks of medicine may always have recruits. Medical students should be exempt from draft and not accepted for volunteer service."

American Medicine, commenting on the above, says: We have previously urged the necessity of conserving and developing our medical resources with every care. Not only do ordinary common sense and foresight dictate that our medical schools of standing should be kept at full efficiency, their teaching staffs in particular preserved against depletion and disorganization, but that all proper steps should be taken to encourage young men having any inclination in the direction of medicine—and the requisite ability and preliminary education—to commence their studies without delay. France and England made the grievous error of letting their medical students enlist for immediate service with the result that both nations are suffering severely from a total lack of qualified physicians, not only to fill the places of medical officers killed and wounded or otherwise incapacitated for active service, but to meet the needs of the civilian population.

The United States seems strangely loath to give heed to the experiences and mistakes of its Allies, but it is to be hoped that the authorities will let common sense prevail in this matter of medical students, and not sacrifice with wanton disregard of the future, agencies that properly protected and promoted are certain to be of far-reaching importance in the days to come.

In connection with the above—as emphasizing the views expressed—we call attention to the following:

"The number of physicians of the State of Virginia who have connected themselves with the Medical Reserve Corps of the Army and Navy has more than offset the recent graduates from medical schools, and has left at least thirty-seven cities in Virginia without sufficient physicians to care for the sick. For this reason, the State Board of Health has invited communication from physicians who wish to take up practice or to change their present locations."

In New Jersey there appears to be, in some localities a lack of physicians to properly care for the sick, and when our State's quota for military service is filled, there will probably be an increased lack of doctors at home. The best remedy would seem to be a more equable distribution of doctors—those located in places over supplied with doctors to change their locations to the places where there is a lack. Surely, however, our men who are serving us and our country at the front *must not lack for best and fullest medical care.*

The A. M. A. Journal, in the August 25 issue, has the following pertinent editorial on "The Provost-Marshal's Conception of Medical Education":

The following is from a memorandum from the Provost-Marshal, General Crowder, to the Secretary of War, under date of June 30:

"I think that any medical student drafted can continue his studies to the very best advantage in the Medical Corps of the United States Army and gain a practical experience which he could not gain at any other time than war. It would be very well, it seems to me, if all the medical students could be furloughed from the colleges into the Army for the purpose of taking this practical training, rather than furloughing them from the Army back to the medical schools to complete a technical course."

This, it must be remembered, comes from a man in a responsible position, and appar-

ently endorsed by the Secretary of War. Is it possible that these officials imagine that medical science and medical education have made no progress since our Civil War?

MEDICAL EDUCATION IN THE UNITED STATES.

The August 18th A. M. A. Journal was the Educational Number—giving interesting data concerning our Medical Colleges, their attendance, their graduates, their standing, etc.

We note that New Jersey had 341 students in the various colleges last year. The colleges having the largest number of them being: Univ. and Bellevue Hosp. Col., 61; College of P. & S., Columbia, N. Y., 56; Jefferson Med. Col., Phila., 35; Fordham Univ. School of Med., the N. Y. Homeopathic Med. Col. and the Univ. of Penn., Phila., each 24; Cornell Univ. Med. Col. and the Long Island Col. Hosp., each 15; the Medico-Chirurg. Col., Phila., 14; Hahnemann Med. Col., Phila., 12; Univ. of Maryland Col. and the Johns Hopkins Univ., 10; N. Y. Med. Col. and Hosp. for Women, 9; and from one to five in other colleges.

The work done by the A. M. A. Council of Medical Education, in co-operation with other organizations, has been productive of a vast amount of good, in raising the standard of Medical Education, largely by weeding out the worthless or low grade medical schools, so that instead of 162 medical colleges in 1906—good, bad and indifferent, we have to-day only 96, and they are divided into three classes, as follows: Class A—Acceptable medical colleges, 69; Class B—Colleges needing general improvement to be made acceptable, 14; and Class C—Colleges requiring a complete reorganization to make them acceptable, 10 in number.

The Class C colleges are not recognized by the New Jersey State Board of Medical Examiners. A list of each class of colleges is given on page 548-550 of the A. M. A. J.

It is a fact worth noting—That the reduction in the total number of students and graduates during the past few years, has been in the low-grade colleges, while the numbers of students and of graduates in the higher-grade medical colleges are actually increasing. We give further data, culled from the Journal, on page—.

There are at present 330 medical colleges in the world; the United State leads with 96; then come China, 26; England, 21; Germany and Italy, each 20; Japan, 19; Russia and Canada, each 9; Scotland, 8;

France, Austria, India and Switzerland, each 7; and other countries with from one to four medical colleges.

LOYALTY TO OUR SOCIETY.

These are times that call for the utmost loyalty and fidelity that the members of our county medical societies, who remain at home, can possibly give in maintaining the organization of their respective societies. A large number who have been active and efficient officers and members in these societies have responded to their country's call for military service and have gone to the front, most of them have made great sacrifices and all of them have been actuated by a patriotism that is willing to endure hardship and, if needs be, to make sacrifice of life itself. Their temporary absence will be greatly felt in our communities and at our society gatherings. We wish them greatest success as we invoke God's protecting care and richest blessings upon them and the families they have left at home.

Those of us who have chosen or have been compelled to remain in our respective fields of work at home, should demonstrate that we are not seeking ease, comfort, safety or personal gain, but are manifesting a patriotism—even if it is of lesser degree—by our devotion in caring for the interests of our absent members and their families, in sustaining the government by any service we can give or any sacrifice we can make and in sustaining our medical societies. We will indulge in the hope that when the next annual meeting of our State Society shall be held, we shall be permitted to give a royal welcome home to our patriotic members, who shall have maintained the splendid record of the Medical Society of New Jersey for love of country and the highest and best interests of humanity.

OF SPECIAL IMPORTANCE.

Several of the secretaries and reporters of county societies and of the local medical societies have been commissioned as officers in the Army and Navy. The Editor asks and urges that the societies will fill these vacancies as soon as possible with men who will be as faithful in reporting every meeting as the absent officers were. We repeat: Sustain and intensify the progressive spirit of these societies and send an early report of every meeting to the Editor for the Journal. *Send always to New Brunswick, directed to him.*

PLEASE REMEMBER.

Will every county society secretary please send to the Editor, *as complete a list as possible*, of the members of his society who have offered their services to the Government, for army, navy, aviation, ambulance or other war service, stating in what cases the offer has been accepted, commission given and where the members are located. We are very anxious not to omit a name; please, therefore, give full lists. If the secretary has enlisted, will the reporter please send the list.

We were compelled at a late day in August to omit the insertion this month of two papers read at our annual meeting, because of failure to receive back proofs of papers, and especially of discussions, owing mainly to the absence from home or the illness of authors. We strongly urge authors to return proof sent them very promptly; otherwise we will have to omit them or give the stenographer's imperfect reports.

From time to time we have directed attention to our advertisers. We are compelled to again reiterate the necessity of continuing the patronage of these advertisers. It is absolutely essential that on all occasions preference should be given to our advertisers.

We cannot resist commenting on the fact that Uncle Sam has not seen fit to employ the services of osteopaths, chiropractors, Christian Scientists and members of other pseudo-cults to examine recruits or administer to the ills and injuries of our troops. The osteopaths are seeking recognition with but little hope of success.—Exchange.

Doctors who are entering war service should read their life insurance policies and determine the exemptions, or, better still, write life insurance companies in which they are insured and ask for information concerning war service and its effect on life insurance that was in force before the beginning of the war.

The annual meeting of the American Association of Obstetricians and Gynecologists will be held in the Robert Treat Hotel, Newark, September 17-19, and it will be a matter of more than ordinary interest scientifically and socially. Dr. Edward J. Ill is chairman of the committee of arrangements, the other members being Drs. Marvel, Dickinson, Strasser and Hedges.

Special War Items.

THE MEDICAL CORPS.

Their country's need is more to them than personal demands;
There is no law to send these men to serve in war-torn lands;
They freely go, they gladly go, with healing in their hands.

What is the sacrifice they make? A life's achievements lost;
The barriers that blocked success by weary stages crossed,
They cast the hard-won prize aside, nor stop to count the cost.

I think the surgeons, more than most, are truly great of soul;
Their charities, if told, would fill a lengthy scroll—
Their daily, countless kindnesses make more than bodies whole.

God speed the ships that bear the food we hasten over-seas;
God bless the men who fight to save our threatened liberties—
God knows the surgeons who enlist are not the least of these!
—Beatrice Barry, in N. Y. Times.

We believe that the doctor who bears no added burden during the war and who becomes richer because of it brings no credit to his profession, his country or himself.—Medical Reserve Corps Officers, Phila.

Field Ambulance Co. No. 1.

This will be the first ambulance company from New Jersey to be sent to the front. It consists of nine motor ambulances, twelve horse-drawn vehicles, three motorcycles, with side cars, a runabout and three horse-drawn transports. In the company are five officers and 139 non-coms and privates, nearly all from Monmouth County. Dr. Peter P. Rafferty of Red Bank is captain and other doctors are: Lieutenants, H. B. Chalfont of Mullica Hill, W. P. Chalfont of Sewell, J. J. Rowland of Highlands, H. A. Wallhauser of Newark, T. K. Lewis of Camden and W. S. Bull of Cranbury.

This ambulance company left Sea Girt August 24th amid cheers and goodbyes from over 4,000 gathered to see them off. They are en route for France by way of Mineola, L. I.

Reserve Officers on Active Duty.

There are at present approximately 8,000 medical reserve officers on active duty. This number includes those in training camps for Medical Reserve Officers, those mobilizing the National Guard, those in foreign service, and also a considerable number who have been sent

to the Philippine Islands, to Hawaii, and to other American dependencies to relieve the regular medical corps men from those stations. On August 25, between 1,000 and 1,100 medical reserve officers went to the various cantonments for the National Army to prepare for the advent of the first 200,000 men of the National Army who have been ordered to report at the cantonments on September 5.

During the week ending August 18, 834 physicians were recommended for commission in the Medical Reserve Corps, the proportion being six majors, seventy-one captains and 757 lieutenants.

Physicians in the Training Camps.

On August 18, there were in the various training camps for Medical Reserve Officers approximately the following number of physicians: Fort Oglethorpe, 1,100; Fort Benjamin Harrison, 1,200; Fort Riley, 1,000; Allentown, Pa., 125; Fort Des Moines, Iowa, 72 (colored); total, 3,497.

The Surgeon-General and Drafted Students.

We are asked to announce that the Surgeon-General's Office desires the names, addresses and ages of men in each class of every reputable medical school who have been drawn and accepted for military service under the provisions of the selective draft, these names to be vouched for by the deans of the respective medical colleges.

Our Present Duty.

Wis. Med. Jour., Dept. of Nursing.

We are living in big days, rousing, stirring days that should bring out the best that is in us. As doctors and nurses we cannot help feeling proud of the fact that no class of men and women are more honored, more needed, and more used than we are to-day. We are ready to answer the call to services whether it is to go abroad or to remain in our places at home, but the demand for doctors and nurses is greater than the supply and it is our duty to help fill up the schools. We read of this need, and think of it in a general way but we do not think of influencing the young men and women whom we know, our friends, and our relatives.

Not a paper is printed now-a-days that does not mention food conservation. Through this extensive publicity we wasteful Americans are learning to save. Only through constant mention of the lack of physicians and nurses and by urging our own people to join us in the conservation of the health of the nation, shall we increase our numbers.

High wages and unusual opportunities offered to women by the war have so seriously interfered with the usual sources of recruit nurses that the New Jersey State Hospital is facing a reduction that gravely interferes with its work, according to Dr. Britton D. Evans, medical director of the institution.

During May the Red Cross was asked by the surgeon-general of the army to select for service abroad, with the British government, 112 physicians between the age of 25 and 35, and

twenty-one skilled orthopedic surgeons. These, with the assistance of the members of the National Committee on Red Cross Medical Service and the State committees, were carefully selected and have already sailed.

Relief for Crippled Soldiers.

Our government is preparing to care for the welfare of our crippled soldiers. Hospitals will be established that will provide for their needs. One of them is located in New Jersey and we hardly need to say that it will be one of the best when it is known that Dr. Fred H. Albee will have charge of it, with an excellent corps of assistants.

An editorial in the Medical Record on "The Future of the Crippled Soldier," says:

"The war cripple then will not be a pauper. He will not have to go through life accepting charity from the country he has helped, and suffering the consequent inevitable deterioration of his self-respect. The United States will undoubtedly follow the lead of our Allies, and, it is to be hoped, will find many ingenious methods of aiding the returned soldier to make up for the arm or leg he has left in France."

Examinations for Medical Dept. of the Navy.

Two examinations were held in April and May of members of the Naval Reserve Force for commissions in the Medical Corps, U. S. Navy, when 486 were examined and of these 369 were found qualified professionally, or 76 per cent.

Physicians Recommended for Commission.

During the week ending August 11, 1917, 914 physicians were recommended for commission in the Medical Reserve Corps, the proportion being ten majors, 102 captains and 802 lieutenants.

Women Physicians Organized.

A committee of women physicians has been added to the General Medical Board of the Advisory Commission of the Council of National Defense. Dr. Rosalie Slaughter Morton of New York has been appointed chairman. Plans are being formulated under which the new committee will operate.

New Hospital Ship.

On the urgent recommendation of Surgeon-General Braisted, Washington, D. C., the steamship Havana of the Ward Line has been acquired for service as a naval hospital ship. The work of remodeling has already been commenced, and the hospital ship will be able to accommodate about 300 patients. It is probable that another hospital ship will be obtained later.

A New Trench Disease.

Dr. Gratzner, in *Weiner Klin. Woch.*, describes the following unknown malady which has attacked hundreds of Austrian troops in the trenches. It begins abruptly with high fever, enlarged spleen, and pain in the left flank and inner aspect of the thigh, worse at night. The fever is a short duration, but the pains persist for weeks. Relapses are frequent. Antirheumatic remedies give no relief.

Don't pat yourself on the back and think you did such a mighty patriotic thing buying a Liberty Bond. That was a fine thing to do, but you were only making a good investment. But to the Red Cross you actually give away your money, and you ought to do it until it hurts. Those of us who remain at home ought to be glad to do what we can for the comfort of the sick and wounded.—G. C. S. in Morristown Record.

Army Wants Free Doctors.—The Surgeon General of the Army has sent out the following message to various hospitals: "The office of the Surgeon General of the Army is being put to much inconvenience by the fact that many physicians of the staffs of hospitals are accepting commissions, although they cannot be spared for military duty. The Surgeon General does not wish to commission those who cannot respond to service when called. While it is imperative that as many men as possible be made available for the service, those members of hospital staffs who cannot be spared are requested not to apply for or accept commissions unless they intend to respond to any order for service which may be received."

Physicians Commissioned as First Lieutenants.

Dr. E. S. Corson has received his commission as first lieutenant in the Officers' Medical Reserve Corps and has also received orders to leave August 5, for Fort Oglethorpe, Ga. Drs. Irving E. Charlesworth, W. Leslie Cornwell, W. P. Glendon and M. F. Sewall have also received their commissions as first lieutenants in the Officers' Medical Reserve Corps.

Other Cumberland County physicians who have volunteered are Dr. Charles M. Gray of Vineland, Dr. Henry P. Webb of Deerfield and Dr. H. L. Cooper of Carney's Point.

The following physicians of Morristown have offered their services to their country: Dr. R. Ralston Reed, Dr. George H. Lathrop, Dr. Frank H. Pinckney, Dr. J. B. Griswold and Dr. Alexander of Memorial Hospital. They will probably go to France.

(See under Personal Notes other names.)

Bergen County Hospital's War Capacity.

A comprehensive report and inventory of the medical resources of the county was compiled in May by the Auxiliary Medical Defense Committee of Bergen County, composed of Dr. Frank Freeland, chairman; Dr. G. H. McFadden, Dr. Charles Colhoun, Dr. J. W. Proctor and Dr. P. E. Brundage. It showed that 640 hospital beds could be made ready in forty-eight hours.

The committee has learned that the Hackensack Hospital could furnish, in twenty-four hours, 100 beds and in forty-eight hours 300 beds. A large space is also available for tents. The Englewood Hospital can furnish 100 beds in twenty-four hours and 140 beds in forty-eight hours. A very large space is available around this hospital for tents.

The Ridgewood Hospital could furnish ten beds in twenty-four hours and the Home for Incurables, a short distance out of Ridgewood, could furnish 150 beds in forty-eight hours. The Red Cross of Hackensack could provide forty beds in twenty-four hours.

Government Camp in New Jersey.

Three hundred acres in the Dumont section of Bergen County have been leased by the War Department as the site for a camp of 25,000 soldiers. Plans also contemplate the erection of a hospital with 1,000 beds. It is reported that the troops to be located there will come from Western States.

Homeopathic Base Hospital.—The American Institute of Homeopathy has offered to the Government, through the Red Cross, three base hospitals with one thousand trained men, equipped for war purposes. These base hospitals would be connected respectively with the Metropolitan and the Hahnemann Hospitals of New York and the Hahnemann Hospital of Chicago.

Good Health of United States Troops in France.—A cablegram from the American Training Camp in France to the Associated Press states that the hard training work for the trenches is proving a veritable tonic to the American expeditionary force. The percentage of illness for the entire force is only 2½ per cent., as against an average of 5 per cent. in army posts in the United States. Nearly all sickness is made up of light cases of mumps, measles and colds. This is very gratifying in view of the fact that the medical staff is short-handed at the present time. It is stated that the American army has only one doctor and eleven medical corps men to each 800 soldiers. The French have two doctors and thirty-seven medical corps men to the same number of soldiers and find this staff none too large.

Personal History of Applicant for Appointment in the Medical Officers' Reserve Corps, United States Army.

Give your name in full (including your full middle name); The date of your birth; The place of your birth; When and where were you naturalized (if of alien birth)? Are you married or single? Have you any children; if so, how many? What is your height, in inches? Your weight, in pounds? Give the nature and dates of all serious sickness and injuries which you have suffered.

Do you labor under any mental or physical infirmity which could interfere with the efficient discharge by you of the duties of a medical officer? If either parent, or brother, or sister has died, state cause and age in each case; Do you use intoxicating liquors or narcotics; if so, to what extent? Have you found your health or habits to interfere with your success in civil life?

What academy, high school, college, or university have you attended? State periods of attendance from year to year, and whether you were graduated, giving date or dates of graduation; Name any other educational advantage you have had, such as private tuition, foreign travel, etc.; Give all literary or scientific degrees you have taken, if any, names of institutions granting them, and dates; With what ancient or modern languages or branches of science are you acquainted?

When did you begin the study of medicine, and under whose direction? His residence? How many courses of lectures have you attended? Names of colleges and dates; When

and where were you graduated in medicine? Have you been before a State Examining Board? If so, state when, where, and with what result; Have you had service in a hospital? If so, state where and in what capacity, giving inclusive dates of each kind of service; What clinical experience have you had in dispensary or private practice? Have you paid particular attention to any specialty in medicine; if so, what branch? What opportunities for instruction or practice in operative surgery have you had?

*Present or temporary address; *Permanent residence.

I certify that to the best of my knowledge and belief the above statements are true.

Signature:

Date,....., 191

*The candidate should give his present address for correspondence, and also his permanent address to which he desires commission sent should he be appointed.

Conspicuous Gallantry and Devotion to Duty.

It is apparently the opinion of the public that the work of the medical officer in war is somewhat of a sinecure. All he has to do, according to the common belief, is to stay in some safe place back of the firing line and acquire surgical experience. It is not necessary to say that his work is not altogether a sinecure and that there is some danger connected with it. As a matter of fact, the medical officer has opportunity to display courage and heroism fully equal to that of the officer of the line. Each week the British journals carry announcements of honors awarded to medical officers. Two of these are cited as evidence of bravery and of the type of work in which medical officers are engaged.

Temp. Capt. James Barry for conspicuous gallantry and devotion to duty in attending to the wounded under exceptionally trying conditions. Under very heavy shell fire he dug out five men who were buried and amputated two men's legs on the spot. He showed utter disregard of any personal risk and his example was splendid.

Temp. Capt. James Fletcher for conspicuous gallantry and devotion to duty. He sowed the utmost bravery and coolness when commanding the bearers. He worked continuously under artillery and machine-gun fire. It was largely due to his gallant conduct that so many wounded were safely evacuated.

Effect of the War on Italian Births, Deaths and Marriages.—The average annual number of marriages in Italy before the war was 266,000. In 1914 the number was 250,000. In 1915 this number fell to 186,000. Figures for 1916 are not yet available. In 1915 the birth rate was diminished by 22,000. The figures for 1916 have not been completed, but it is known that the decline will be very great. In the city of Naples before the war the mean figures for marriages were 4,545; for births, 17,881; for deaths, 13,564. In 1914 the births amounted to 19,044; deaths, 13,247; marriages, 4,233. In 1915 the marriages decreased notably (3,203) without much change in the births and deaths. In 1916 the marriages showed only a slight decline (3,043), but the births fell to 16,337, and the deaths rose to 14,086.

Editorials from Medical Journals

Training of Physicians for Specialties.

From the Iowa State Medical Journal.

It has generally been believed that before a physician should take up a special line of work, that he should have engaged in general practice for a period of years, that he might have a wider conception of the field of medicine. A specialist who was trained only in one line, might become very skillful in the technical features of his work, but on account of the nature of his training, he could not have, as a general rule, a very wide conception of the bearings of his work. It is not probable that the older idea of a preliminary general practice before taking up a specialty, will be generally adopted, and therefore we shall find many young men going directly into some special line of practice. To meet the difficulty of the narrowing influence of a single line of study, the University of Minnesota has taken up the preparation of a specialist in the various branches of medicine. Beginning with the school year, 1914, the University undertakes to prepare young men for the degree of doctor of science. The course requires three years. As preliminary to this special course of work, the applicant must be a graduate from a high grade medical school, and one year's internship in a general hospital of recognized standing.

Tobacco.

From The Medical Record, Feb. 3.

The possibility of a government monopoly of tobacco in Switzerland's near future has been utilized by a native author, Pritzker, who has written a brief monograph on the subject of tobacco and smoking. In a view of this work in the *Correspondenz-Blatt für Schweizer Aerzte* for December 2, we note a few pregnant observations by the author. Tobacco smoke is to all intents and purposes a dry distillation of tobacco which comprises a number of toxic substances, as a result of which it gives rise to a mixture of toxic effects. Nevertheless, we may speak of a hygiene of smoking as distinct from abuse—just as we may speak of the hygiene of hazardous trades in which workmen are exposed to poisonous fumes. The fact remains that the fumes are poisonous. It is well known that many converts from alcohol replace the effects of the latter with an increased consumption of tobacco. This is driving out the devil with Beelzebub. The author feels certain that the world will very gradually be weaned from smoking, and that enormous sums of money will thereby be released for better purposes. Laws should be enacted, he says, to prohibit smoking by adolescents.

Medical Junkerism.

The Medical Times, N. Y.

At the recent New York session of the American Medical Association, Professor Irving Fisher sternly called to account the physician who opposes health insurance on the ground of his personal interest.

That is about the last thing that the physician considers, no matter what the issue may be—health insurance or anything else. As a

rule he doesn't consider it at all. In this very respect the doctor group seems to differ from others. Medical men seem to be curiously oblivious to the operation of economic laws upon them.

An outstanding proof of the physician's indifference to his economic interests is the progress made by Professor Fisher and his associates in the furtherance of their health insurance (alias poor relief) propaganda. Even today medical men listen dispassionately to the accelerators of health insurance, although aware of their interesting, nation-wide and high-powered drives in the legislatures, instead of giving them short shrift.

Conceive of a similar machination against the whole class of university professors, a machination aiming to cheapen their labors, to lower their tone, and to make their teaching mechanical and pedagogically barren. What would be the nature of their reaction, and to what extent would they take into consideration their personal interests, as compared with the medical profession?

We fancy that we could describe quite accurately what Professor Fisher's reaction would be like.

Editorials from the Lay Press.

Typhoid in Camp.

From the Newark Evening News.

With tens of thousands of Jersey men actually or about to be under arms, anything like a serious outbreak of typhoid fever in an army camp would be an occasion for general alarm. Far too wide publicity has been given to the situation at Pompton Lakes, alarmist reports having been circulated upon a mighty slender basis. The last place in the world to expect to encounter typhoid fever ought to be an army camp. The Pompton Lakes situation is the exception that actually goes to prove this rule in most comforting fashion, for the surgeons not only have traced and eliminated, they say, the cause of infection, but they also have found that the cases number only three—all recruits—and that not a single man who came down with the disease was among those who had completed their inoculation against it. Not one of the veterans of border guard duty had a trace of the disease, and those who did were men who had not yet become immunized in regular course, as all will shortly be. At the very outset of the Anniston and Wrightstown camps, these facts will be of great comfort to thousands who stay at home.

Increasing Medical Fees.

From the Camden Courier, June 2nd.

The physicians of Philadelphia have organized a Business Association, and propose to standardize and increase fees, fixing the latter at \$2 for a visit to the patient and \$1 for an office call from the patient. Those are not excessive fees; in fact they are lower on the average than many long established practitioners now exact. It is not presumed that these humane professional gentlemen will cease to care for the poor as in the past, but they are fully warranted in establishing some

process by which to detect "dead-beats," a class of "spongers" that is a disgrace in every community. A doctor is surely entitled to pay for his services as much as the laborer is of his hire.

Paying the Doctor.

From the Kansas City Star.

We haven't yet learned to take advantage of the resources of civilization to anything like the extent we might. For instance, we wait until we get sick, and then we pay the doctor to help us get well. It would be much more sensible to pay him to help us keep from getting sick.

Fantastic idea, you say. Not at all. It already is working in a large number of college communities, right here in the State universities of Missouri and Kansas for instance. In both institutions the pupil is charged a fee which is applied to safeguarding his health. In the University of Missouri the plan is still further developed so that the fee covers medical and surgical attendance. The health work in both schools is so interesting, not only for what it is doing for the pupils, but for the example it is setting other communities, that it is only right and proper to call attention to it.

The important point is that these universities and other schools are proving that health can be made much more of a community matter than had been supposed and that the wise thing to do is for groups to pay medical men to keep them well.

A Tribute to the Doctor.

From the Peoria, Ill. Journal.

Twelve Chicago doctors enlisted recently for service which will probably take them to the European battlefields. According to the news reports, four of these doctors give up very large practices—and, as is generally known, a doctor's practice when once given up cannot be regained by the mere asking. There is nothing especially unique in the announcement that twelve Chicago doctors enlisted for war service. Peoria doctors have done the same thing, and doctors in thousands of cities throughout the country have voluntarily given up more or less remunerative practices in order to offer their services to their country during war times. However, the enlistment of these thousands of doctors bears silent testimony of the rare traits which have characterized doctors since the very days of doctor pioneering.

In an address a few days ago, Henry P. Davidson, chairman of the war council of the American Red Cross, paid the following tribute to the doctors: "The attitude of the doctors at this time is greatly gratifying. Unselfishness and patriotism distinguish them. The leaving of an established practice in order to do Red Cross work with practically no pay or in order to do field work at an insignificant salary surely puts the doctors down as men devoted to the best interests of their country." Mr. Davidson might just as well have gone further. Not only is the doctor who leaves for war duty an unselfish and useful man but he comes from a class which does as much service for humanity, perhaps, as any other class—in times of peace as well as war.

Here's to the doctor. If he makes big money he earns it. He never turns down a sick patient because that patient does not happen to have a bank book full of money. He works just as hard to relieve a poor man from suffering as he does to give relief to the millionaire. He knows the family woes and the family griefs—and he keeps them to himself. If he complains at being called from his bed at 3 o'clock in the morning, he doesn't carry his complaints to us.

Therapeutic Notes.

One way to make yourself a good doctor is never to give a drug unless you know just what you expect it to do.

The more closely men study drug action and apply drugs with definite reason, the more they tend to the use of remedies singly.—Exchange.

Acute Nasal Catarrh.—Sajous has found the following to act efficiently in the beginning of this condition:

Ammonii chloridi, gr. xl 2.6 gm.

Tr. opii, m xxx 2.0 c.c.

Sacch. albi, ʒj 4.0 gm.

Aquae camphorae, fʒj 30.0 c.c.

M. S.—One teaspoonful in water every hour or two.—Hughes' Practice of Medicine.

Neuralgia.—This condition produced by exposure to cold and wet may be relieved by the following:

Phenacetin

Salophen, aa ʒjss (6.0)

Codeinae, gr. iij (0.2)

Piant chartulae No. xii.

S.—One powder every two or three hours.—

Stevens' Modern Materia Medica and Therapeutics.

Hemoptysis.—Excessive hemoptysis, not amenable to simpler remedies, may be stopped by the following:

Ergotin

Acidi gallici, aa gr. xv.

Syr. althae

Aquae destill., aa ʒvj

M. S.—A teaspoonful every two hours, p. r. n.

Hardened Arteries.—Dr. Lydston, Chicago, in Medical Summary, claims that thiosinamine, $\frac{1}{2}$ gr. three times daily and gradually increased to 1-grain doses, will greatly relieve hardened arteries.

Nephritis—Adrenalin by Mouth in.—Dr. I. Harris, in the Liverpool Medico-chirurg. Jour., reports having used adrenalin in the treatment of nephritis for a considerable time. He recommends it for its diuretic effect as well as for its evident influence upon the reduction of albumen passing through the kidneys. A number of Harris' patients have done well under this treatment and he remarks that they were all cases where the usual methods had produced little or no marked benefit.

The dosage varied from five to ten minimims of the standard 1:1000 solution given by mouth

once or more times a day. It may be given as often as four times a day. Harris believes that there is some relation between the pressor effect of adrenalin and its obvious value in the treatment of nephritis.

Urticaria in Children.—First remove the offending cause, whether external or dietary, more frequently the latter. Locally, baths containing bicarbonate of soda, also salines to clear out the intestinal tract, and local applications of ointments containing menthol, camphor, or carbolic acid. Small doses of salicylate of sodium or aspirin will relieve the intestinal fermentation.—Diseases of Children, Chapin and Pisek.

Vomiting of Pregnancy.—Dr. Johnson in Amer. Jour. of Clin. Med., advises painting the os uteri with tincture of iodine. One application generally is all that is required and in most instances it acts like magic. One of his patients, who had been vomiting for over six weeks and was literally worn out, was completely cured in two hours. Johnson has used this measure repeatedly, and it has done the work every time, so far, so that he never had to repeat the application.

Hair Tonic.

Dr. Barnum recommends this formula to be used in arresting the falling of the hair:

Tinct. cantharides.

Tinct. nux vomica, aa ʒjss.

Tinct. cinchona, ʒx.

Glycerin, ʒj-ʒij.

Alcohol, q. s. ad Oj.

Add essence of heliotrope or roses for perfume effect.

M. et Sig.—Apply to scalp and not on hair once a day with gentle massage.

Heroin of No Value.—At a recent meeting of the committee on Drug Addiction of the Committee on Social Hygiene of the National Committee on Prisons, it was regularly moved by Dr. Frederick Peterson, seconded by Dr. Samuel W. Lambert, and adopted that in the opinion of the committee, the drug heroin is of no real value in the practice of medicine and that its place may be better taken by more efficacious agents that do not menace public welfare. The committee recommended federal legislation to prevent the importation, manufacture and sale of heroin in the United States.

Brilliant-Green as an Antiseptic.—Dr. Archibald Leitch suggests brilliant-green solution in the strength of 1 to 1,000 for the treatment of all open wounds. Ordinary tap water may be used, but gives a precipitate, which can be avoided by the use of distilled water. Decinormal salt solution is perhaps the best. The wound is cleaned as in all surgical dressings and a small quantity of the brilliant-green solution, about an ounce, is applied with a syringe. The wound is lightly packed with gauze swabs dipped in the solution and covered to prevent spreading of the dye. Ordinary wounds are to be dressed once a day and septic wounds twice daily for the first two days, then once daily.—British Medical Journal.

Extermination of Flies.—Stir one teaspoonful of formalin into one-half pint of milk or beer, pour into shallow saucers and place about rooms, but out of way of children and animals.—Clinical Medicine.

Dysentery.—Dr. Boggess, in the *Miss. Med. Jour.*, says it is inadvisable to check dysentery by the use of opium and the astringents. In the early stages—castor oil is a good remedy, given in an initial dose of one ounce for adults, or in one drachm doses every hour or two for a number of doses. Small doses of calomel are sometimes found efficacious. In severe epidemic cases, emetin hydrochloride is used just as in the amebic type of dysentery. Pills of ipecac that are salol coated can be given without disturbing the stomach. For intestinal antiseptics and sedatives—5 gr. salol; 10 gr. urotropin; 25 gr. each of bismuth subnitrate and bismuth sub-gallate in suspension of some pleasant vehicle every four hours. In the early stages belladonna (atropin). It is an intestinal sedative. It lessens the watery stools. It relieves the intestinal congestion and is a tonic to the intestinal musculature.

Local treatment by enemas is recommended. Potassium permanganate 1:1000; solution of quinine 1:1000; hydrogen dioxide 25 per cent. solution; one ounce fluid extract of ipecac to two quarts of water.

Hay Fever Treatment.—Notwithstanding the many "specifics" and "near-specifics" for hay fever that have been pushed forward in recent years, the disease, if not precisely enigmatical, continues to baffle and perplex. It is evident that no single therapeutic agent has arisen that can eliminate, or even modify, the symptoms in all cases. Individual sufferers present problems that are peculiar to themselves, and other than the vasomotor relaxation of the upper respiratory tract, which is common to all, there are no uniform underlying pathologic changes.

Fortunately there are some very satisfactory alleviants. The suprarenal substance, in the form of its isolated active principle, adrenalin, is undoubtedly one of the best of these. Experienced practitioners say that in a large majority of cases it successfully controls the symptoms. Adrenalin Chloride Solution and Adrenalin Inhalant are the preparations commonly used, being sprayed into the nares and pharynx. The former should first be diluted with four to five times its volume of physiologic salt solution. The latter may be administered full strength or diluted with three or four times its volume of olive oil.

Epistaxis.—Harold Hays offers the following means for relief when hemorrhage from the nose occurs: The first thing to guard against is the demoralizing effect on the patient of the continuous bleeding. Careful watch of the pulse should be kept and patient assured that there is no danger of bleeding to death. In many instances, a dose of morphine will quiet the heart action and sometimes cure the hemorrhage, while fainting accomplishes the same result. If the condition cannot be attacked directly packing must be resorted to; anterior packing through the nostril, preferably with

strips of bismuth subnitrate gauze may be all that is required. If more is needed posterior plugging is done by making a hard plug of gauze to fit one posterior nares, to which is tied a long piece of string, leaving two long ends; then a baby catheter is inserted through the affected nostril and out through the posterior nares, to which is tied one end of the string with the plug fitted into position. Such a plug should never be left in position longer than twenty-four hours, as an inflammation of the Eustachian tube and middle ear may result from irritation of the nasopharynx. Styptics, such as iron, alum, trichloracetic acid, suprarenalin powder, etc., may act and again they sometimes fail. Fifteen grains of calcium lactate or hypodermic injections of emetine or the extract of pituitary gland usually relieve this condition. Large doses of serum have been resorted to, and also transfusion.—Medical Times.

Enterocolitis.—Feeding should be withheld until condition has improved, and the following prescription gives relief from the intense suffering, as well as acting beneficially on the intestines.

Bismuthi subnitrat, 3iij.

Tinct. kino, jss.

Tinct. opii camphorat, jss.

Mist. cretae, iij.

M. S.—A tablespoonful every three hours if necessary. The colon should be flushed with normal salt solution or any of the astringents, such as tannic acid (5 grains to the ounce), silver nitrate (1 grain to the ounce), or sodium benzoate (4 grains to the ounce). Abdominal pain may be further relieved by applications of mustard pastes (1 tablespoonful of mustard to 5 of flour mixed with warm water), turpentine stupes or the spice poultice. This last named poultice is made of ½ ounce each of cloves, allspice, cinamon, and anise seeds, which are pounded together in a mortar, or if made at home, in a bowl, and placed between two pieces of coarse flannel about 6 inches square. This should be soaked in equal parts of hot whiskey or brandy and water and then applied to the abdomen, to be heated again each time that it becomes cool.—Hughes' Practice of Medicine.—From Medical Record.

Chronic Deforming Polyarthrits.—Internally over long periods I use 4 or 5 grains of potassium iodid and 15 to 20 grains of sodium salicylate three times a day, and of equal importance local application of guaiacol one part and tincture of iodine three parts. A goodly number improve under it. The salicylates may have only an analgesic effect, but they at least quiet the joint, a medical splint.

Another case of chronic polyarthrits might be of interest. An old lady of 75 years had been sick for a number of years and in bed for three months, getting worse all the time. She had a slow pulse, was costive, was overweight, had lost much of her hair, and the finger nails had become thin and very brittle. I started her on thyroid, but did not begin treatment on 5-grain doses, or I would have probably have caused her death. She was given ½ grain, slowly increased until she was taking 1 grain of U. S. P. powdered thyroid three times a day. In six weeks she was up and around, and several weeks later was out in the garden,

and for two years has been enjoying life almost entirely free from pain. Her nails are to me that the thyroid was the cause of the normal again. This one fact clearly indicates improvement.—Dr. W. H. Good, Philadelphia.

Hospitals, Sanatoria, etc.

Women on State Hospital Board.

Governor Edge has appointed Mrs. Frederick B. Fox of Camden and Mrs. John L. S. Preridgast of Salem as members of the board of managers of the State Hospital at Trenton. The appointments, like those recently announced to the Morris Plains board, were made in accordance with the act of this year, authorizing the appointment of two women on each of the boards of the State hospitals.

Government Use of Newark Hospital.

Recently the War Department asked the Newark City Hospital authorities if they could make accommodations for wounded soldiers and sailors, should there be any, and to what extent. At the direction of the hospital committee Superintendent Talbot sent back word that 200 beds would be available at once if they were wanted.

Municipal Hospital, Camden.

Dr. John F. Leavitt, health officer of Camden, reports that this hospital which was closed last month for repairs and improvements was opened July 25, 1916, to combat the epidemic of infantile paralysis; 148 patients have been treated for the following diseases:

Anterior poliomyelitis, 65; diphtheria, 41; scarlet fever, 27; erysipelas, 3; cerebral spinal meningitis, 1; detention patients for diagnosis, 4; measles, 1; miscellaneous, 6.

State Hospital Patients Shifted.

Removal of criminally insane patients from the State Hospital at Morris Plains to the new building erected for that class at Trenton was begun August 24, when fifty were taken in two large automobile busses in charge of physicians and guards, the remaining 100 such patients will be taken later.

The Board of Freeholders of Warren County on August 23 decided to transfer the seventy Warren County patients from the Morris Plains State Hospital to the State Hospital at Trenton because of the overcrowded condition of the former hospital.

Essex Tuberculosis Hospital, Verona.

The Board of Freeholders of Essex County has taken possession of the former city-owned Verona Sanatorium and it will hereafter be the Essex County Hospital for Tuberculous Diseases. Drs. Edwin Steiner of Newark and William M. Brien, West Orange, and three of the Freeholders constitute its board of managers.

Verona Tuberculosis Sanatorium.

The acting chief reported that seventy-seven patients were in the Verona Sanatorium August 1. One died in the institution in July, twenty-five were discharged and twenty-three admitted. Of those discharged twelve were improved. Four of the latter were sent to Soho.

Sixty-one were examined for admission to Verona during the month. Forty-four were positive cases and nineteen were admitted to the sanatorium. There were 169 cases of tuberculosis reported to the Newark Health Department during the month.

Middlesex General Hospital, New Brunswick.

The 32nd annual report of this hospital has recently been issued. It states that "the largest service and most satisfactory work was that of last year." There were in the hospital Mar. 1, 1916, 27 patients; admitted during the year 656. There were 359 surgical operations. There were 45 births. Patients discharged: Cured, 608; improved, 36; unimproved, 13; transferred, 2; died, 45. In the hospital Feb. 28, 1917, 24 patients. Average number of days per patient, 14; average cost per patient per day, \$1.70. Out patients treated, 294. The Training School at present has 9 pupil nurses. The large new building is nearing completion. The officers of the staff are: President, Dr. A. L. Smith; vice-president, Dr. B. Gutmann; secretary, Dr. J. P. Schureman. Drs. D. C. English and H. G. Cooke are consulting physicians; other physicians are Drs. Donohue, Runyon, Riva, Brown, Hoffman, Forney, Scott, Nafey and Morrison.

St. Barnabas' Hospital.

The fifty-first annual report of this hospital has recently been issued. The superintendent's report showed that there were 1,642 patients treated during the year, 518 men, 712 women and 412 children. The receipts were \$3,000 more than the previous year, but the cost of maintenance had considerably increased.

Marriage.

LAMY-McCANDLESS—At Spring Lake, N. J., August 6, 1917, Dr. Anthony W. Lamy to Miss Mary Evelyn McCandless, both of Elizabeth, N. J. Dr. Lamy is head of Field Hospital Company No. 1, Sea Girt.

Marriage Engagements.

The engagement has been announced of Dr. Benjamin A. Furman of Newark to Miss Helen Mary Pryor of South Orange.

Dr. Furman is a lieutenant in the Medical Reserve Corps.

The engagement has been announced of Dr. Elvira Dudley Dean to Frank D. Abell, both of Morristown.

Deaths.

BOCKIUS.—At Merchantville, N. J., April 14, 1917, Dr. Albert A. Bockius of that city from cerebral hemorrhage, aged 67 years.

BURDGE.—In Rahway, N. J., August 22, 1917, Dr. Paul W. Burdge, aged 66 years.

He graduated from the College of Physicians and Surgeons, New York, in 1878. He practiced several years in Newark. In 1884 he gave up his practice and engaged in newspaper work.

YOUNG.—At Newark, N. J., July 14, 1917, Dr. Charles Young of Newark, aged 75 years.

Personal Notes.

Drs. Henry A. Cotton and R. F. Zimmerman, lieutenants in the Medical Reserve Corps, have been carrying on mental and neural tests of the men at Sea Girt.

Dr. Alice B. Condict, Orange, spent a few days at Morristown last month.

Dr. Lester R. Davis, Newark, and wife spent two weeks in Canada last month.

Dr. Hervey M. Ewing, Upper Montclair, and wife recently returned from Point of Woods, L. I., where they spent a few weeks.

Dr. M. J. Fine, Newark, was appointed last month head of the Tuberculosis Bureau, Board of Health, during Dr. T. N. Gray's illness.

Dr. James B. Griswold, Morristown, of the U. S. Medical Corps, is in charge of the hospital at the Wrightstown camp.

Dr. B. Van Doren Hedges, Plainfield, has returned from Lake Sunapee, N. H., where he spent a month with his family.

Dr. Ellis W. Hedges, Plainfield, recently returned from the St. Lawrence River where he spent his two weeks' vacation.

Dr. H. Crittenden Harris, Glen Ridge, and wife spent a few days at Atlantic City last month.

Dr. William B. Jennings, Haddonfield, and wife were at Manahawken a few days last month.

Dr. George H. Lathrope, Morristown, has been commissioned as a captain in the U. S. Army Ambulance Corps and is at Allentown, Pa.

Dr. Arthur L. Smith, New Brunswick, and family spent two weeks last month at Thousand Islands on the St. Lawrence.

Dr. William R. Ward, Newark, and wife spent two weeks in Michigan during August.

Dr. Benedict P. Willis, Rutherford, and wife spent the month of August in Sullivan County, N. Y.

Dr. Dikran M. Yazujian, Trenton, has been elected a member of the Philadelphia Laryngological Society.

Dr. Harvey S. Brown, Freehold, says in a recent letter from Fort Oglethorpe where he is undergoing training—"This is strenuous work. I am being burned by the sun and will probably take on the genuine color of the Georgia colored man in three months."

Dr. Frank L. Fields, Far Hills, lieutenant in the Medical Service Corps, was ordered to report for service September 1st.

Dr. David St. John, Hackensack, who has been confined to his home many weeks by illness, we are glad to report has gone to his farm in West Berne, N. Y., where we hope he will greatly improve in health.

Dr. Walter E. Cladek, Rahway, and wife spent a part of their vacation in the Adirondacks.

Dr. George S. De Groot, Mendham, and wife held an open-air recital at their home recently for the benefit of the Red Cross.

Dr. Charles F. Halsted, Somerville, spent two weeks with his family at Lake Sebec, Me.

Dr. Irving A. Meeker, Upper Montclair, spent his vacation at Rangeley Lakes, Maine.

Dr. Charles H. Scribner, Paterson, won one of the boat races at Culver's Lake annual

carnival last month, over mile course in 8 minutes, 55 seconds.

Dr. Edward H. Crystell, Nutley, and wife spent a few days in Califon last month.

Dr. Henry J. Harp, Sussex, has been commissioned a first lieutenant of the Medical Reserve Corps and is at Fort Oglethorpe, Ga.

Dr. Andrew F. McBride, Paterson, former mayor, left August 16th for Fort Benjamin Harrison, Indiana, having accepted a commission as captain in the U. S. Regular Army.

Dr. Watson B. Morris, Springfield, and wife have been spending two weeks in the Adirondacks.

Dr. William W. Brooke, Bayonne, has been elected by the Board of Health, health physician for three years at \$1,500 per year.

Dr. Sylvan W. Bushey, Camden, is a director in the Broadway Trust Co. of that city.

Dr. Albert B. Davis, Camden, is regimental surgeon of the Third Regiment at Sea Girt.

Dr. Lucius F. Donohue, Bayonne, of the Medical Reserve Corps, is at Fort Benjamin Harrison.

Dr. Edward B. Rogers, Collingswood, before leaving for Fort Oglethorpe, Ga., received a delegation of women who presented him with a handsome military wrist watch and a set of knitted articles, in appreciation of his services as chairman of the Red Cross Society.

Dr. William E. Darnall, Atlantic City, has an able paper in Medicine and Surgery, August issue, on "Varicocele in the Female," with report of 22 cases.

Dr. Edward P. Essertier, Hackensack, is at Fort Oglethorpe, Ga., for military medical service.

Dr. Samuel T. Hubbard, Hackensack, recently returned from his vacation spent in Vermont.

Dr. Jesse D. Lippincott, Newark, wife and son were at the Buena Vista, Belmar, last month.

Dr. Charles J. Murn and J. W. Williams, Paterson, have been commissioned as officers in the Medical Reserve Corps.

Dr. Charles A. Schneider, Newark, and family spent two weeks last month at Laurel Beach, Milford, Conn.

Dr. Benj. H. Voelbel, Vailsburg, spent his vacation at Sea Cliff, L. I.

Drs. Duncan W. Blake and John J. Haley, Gloucester City, were recently elected directors of the Gloucester City Trust Company.

Dr. Harold D. Corbusier, Plainfield, was appointed recently a member of the Orthopedic Advisory Council organized to assist the surgeon-general of the army. He has been in charge of military orthopedics in the surgeon-general's office.

Dr. Philander A. Harris, Paterson, and family, recently returned from Maine. The doctor was confined to his bed two weeks last month because of a severe accident.

Dr. Robert F. Ringland, Montclair, and wife spent a month at Point o' Woods, L. I.

Dr. Jacob S. Stage, Newark, and wife took a motor trip through the South last month.

Dr. Pliney F. Stevens, Bayonne, and wife spent the month of August in Maine.

Dr. A. Charles Zehnder, Newark, is stationed at present with the Aviation Corps at Princeton, N. J.

Dr. John W. Marcy, Merchantville, spent a few days last month at Cedarville.

Dr. Samuel E. Robertson, Newark, and wife occupied their cottage at Point Pleasant in August.

Dr. William Satterer, Vailsburg, first lieutenant M. R. C., has been ordered to Fort Oglethorpe, Ga.

Dr. William J. Summers, Boonton, has received his commission as first lieutenant in the medical corps of the army.

Medical Education and Licensure.

Medical colleges in the United States:

	1850	1906	1917
Non-sectarian	44	130	83
Homeopathic	3	19	9
Eclectic	4	8	4

There were also 3 Physio-Medical Schools and 2 Nondescript in 1906, but none such since 1910.

Medical Colleges Attendance:

	1880	1904	1917
Non-sectarian	9,776	23,662	12,925
Homeopathic	1,220	1,309	580
Eclectic	830	1,014	250
Women students....		1,129	610

Medical Colleges Graduates:

	1880	1904	1917
Non-sectarian	2,673	5,190	3,134
Homeopathic	380	371	180
Eclectic	188	146	65
Women graduates ..		244	153

Medical Graduates with Liberal Arts Degrees

	1910		1917	
	No.	%	No.	%
Non-sectarian ...	664	16.1	1,078	34.4
Homeopathic ...	13	7.1	19	10.4
Eclectic	3	2.6	2	3.1

The largest numbers of medical students ever enrolled and also of graduates, was in 1904—before the weeding out of worthless or poorly equipped colleges was well under way. For the standing of medical colleges in 1917, see editorial on another page and remember that the New Jersey Board of Medical Examiners does not recognize Class C of medical colleges.

Fifty-three medical schools now require, as a minimum for entrance, two years or more of work in a college of liberal arts in addition to a four-year high school education.

Thirty now require, as a minimum for entrance, one year of collegiate work in addition to a four-year high school education.

Thirty-eight medical schools report, in all 287 scholarships for worthy students and 24 have also Loan Funds to help deserving needy students.

New Jersey Examining Board.

The State Board of Medical Examiners on July 18, postponed until the October meeting the hearing to determine whether Frederick W. Collins of Newark and Stephen D. Rock of Passaic should be licensed to practice osteopathy. Counsel wished an opportunity to produce additional evidence. A hearing was given July 18 to Rudolph Bradman of Hoboken, who with Drs. Collins and Rock, is seeking a reversal of the board's decision of two years ago, which refused to license any of

the candidates who based their claims on diplomas issued by the New Jersey College of Osteopathy, formerly at Passaic. The board reserved decision.

STATE MEDICAL EXAMINING BOARDS.

	Examined	Passed	Failed
Georgia, May*.....	83	81	2
Minnesota, March ...	8	8	0
Missouri, March	15	14	1
New York, January..	150	116	34
Rhode Island, April..	5	4	1
Utah, January	2	2	0
Porto Rico, April ...	12	8	4

*The Georgia State Board licensed 9 in April by special examination.

The Iowa State Board licensed 7 through reciprocity in May.

The South Carolina Board recently licensed 27 physicians.

National Board of Medical Examiners.

The second examination of this board was held in Washington, D. C., June 13, 1917. Of the 27 who applied 25 were found to have the necessary preliminary and medical qualifications. Thirteen of these appeared for examination, the others having been ordered on active duty. A percentage of 75 was required to pass. Ten passed and three failed, the latter receiving the general averages of 72, 69 and 63 per cent.

The next examination will be held in Chicago October 10 to 18. The regular corps of the army and navy may be entered by successful candidates, without further professional examination, providing they meet the adaptability and physical requirements. There will also be an examination in New York City in the early part of December.

Public Health Items.

DO YOU KNOW THAT—

Peace hath her health problems no less than war?

Constant vigilance is the price of freedom from flies?

The physical vigor of its citizens is the nation's greatest asset?

Idleness is the thief of health?

Infected towels spread eye diseases?

Half the blindness in the world could have been prevented by prompt and proper care?

Newark Board of Health.

The Newark Health Bulletin reports 586 deaths during July; death rate of 13.2 per 1,000 population; last year July was 18 per 1,000. Deaths under 5 years of age, 256; under one year, 115. Reportable diseases, 1,353 cases were reported of which were: Whooping cough, 697; tuberculosis, 169; measles, 108; pneumonia, 97; diphtheria, 44. Infantile paralysis, 1 case.

For the Division of Child Hygiene, Dr. Levy reports as follows: Infant mortality, first half of 1917, was 3,272; the rate was, 1917, six months 78.8; for the year 1916 it was 92.4; for June, 1917, 65.3; June, 1916, it was 86.5. Birth record cases: Supervised cases, 3,017; with deaths, 63. Death rate, supervised babies,

1917, half year. 20.8; for the year 1916, it was 41.0; excluding babies dying before visit of nurse it was 12.2 and 26.3 respectively.

Prenatal care: Supervised expectant mothers, 661; mothers delivered, 221, of whom none died; babies dying under one month, 4; in one case twins; still-births, 1; miscarriages, 3.

Whooping Cough in Dover.—There were 233 cases of whooping cough in Dover during July and August with four deaths resulting therefrom.

Vaccinating School Children.—Dr. Henry H. Davis, chief medical inspector of the Camden schools, states that the laws requiring that school children shall have been vaccinated will be rigidly enforced, and urging parents to comply with the law at once.

Brass Band Methods and Typhoid Fever.—A cry of "Mad Dog!" will fetch out all who hear, and excite instant measures for the destruction of the dog by the bold, and self-protection by the timid. But let men parade the streets with steam-calliopes and exhibit banners appealing for public health funds sufficient to exterminate typhoid fever, and not 1 per cent. of that amount will be voted for. Yet one has a better chance to avoid a mad dog than typhoid fever.—E. A. Ayers, M. D., Public Health News, N. J.

Typhoid Fever at Pompton Lakes.—There are three cases of typhoid at the Lakes, two of them are children of Dr. Clarence L. Vreeland, Board of Health physician.

Typhoid Epidemic Traced to Bordentown Dairy

Investigating a typhoid epidemic which was reported to the State Board of Health, inspectors believe they have traced the source to the milk supplied by a Bordentown dairy to a dozen or more families where the disease has appeared. The operator of the suspected dairy, which has been closed by the State board, is said to have been the proprietor of a dairy in another county, to which an alarming epidemic in the community was traced a few years ago. Inspectors say the dairyman, at the time of the other outbreak, was pronounced a "typhoid carrier." The case aroused State-wide interest at the time. Many doubted the theory of a "typhoid carrier."

Smallpox in New York State in 1916.—The July Bulletin of the Department of Health of New York State shows that thus far in 1917 smallpox has appeared in 11 counties of the State, with a total of 58 cases with two deaths. There were during 1916 23 cases. The report emphasizes the fact that as usual the victims were unvaccinated persons.

Smallpox in Seventy United States Cities.—According to Public Health Reports for May 11, 1917, there were reported from seventy cities in the United States 1,157 cases of smallpox during five weeks ending April 27, 1917. Minneapolis and Austin, Texas, had the highest number, there being 154 cases in the former city and 76 in the latter. Austin was the only city having the virulent type, it is said.

Books Received.

All books received will be mentioned by title with the names of their authors, publishers, etc., and this will be considered by the committee as sufficient acknowledgment to the publishers. Selections will be made for review as the merits of the books or the interests of our subscribers may warrant.

"Poliomyelitis" by Drs. Ruhrah and Mayer. Published by Lea & Febiger, Philadelphia.

Typographically most excellent, the paper superior in quality and the engravings are better done than in some other works. It is clearly evident that the authors have gone to great labor and have about exhausted nearly all the articles that have appeared about this puzzling complaint. With it all, however, there is nothing new in the book, nor is there anything original. Neither will one find it easier to treat or even recognize to a certainty the diagnosis by the findings in the spinal fluid. The authors say much about this, but tell little. The chapter on Pathology contained what was already known and the nature of the urine is as vague as it was before and we are no nearer knowing whether it is a bacterium or a protozoon. The Epidemiology adds nothing new and as far as Transmission, we are as far away at sea as ever and it is not made clear whether the infection is carried by fomites or an elephant. The classification is very full. Chapter six is making much of the "abortive cases" but little proof is given that they were Poliomyelitis, and in chapter seven the symptomatology, strange to say, is not as full as it might be, as again the spinal fluid of findings are not clearly given. Treatment is the same as before, but stress is laid on the dangerous adrenalin in the early stages, but the remarks on the convalescent treatment are to be highly commended. The management of the epidemic is that of the N. Y. Board of Health and is as foolish as it is brutal. Chapter thirteen is worth wading through, though in the works of R. W. Lovett you got it all and in Ivan Wickman, 1913, you also got everything of value this book has. It is a pity, perhaps, that so much labor has been expended and so little return received.

Dr. Daniel Elliott.

"Manual of the Diseases of the Eye." By Charles H. May, M. D. With 377 original illustrations, including 22 plates, with 71 colored figures. Published by William Wood & Company, 1917. Price, \$2.50 net.

This is the ninth revised edition of this splendid text-book on Ophthalmology, for Students and Practitioners.

"The Institution Quarterly." Official Organ of the Public Charity Service of Illinois. (State Board of Administration, State Charities Commission and State Psychopathic Institute.)

REPRINTS RECEIVED.

By William Seaman Bainbridge, A. D., Sc. D., M. D., C. M.

"Biopsy and Cancer—A Review."

"The Cancer Campaign Quaternary; The Problem; The Public; The Patient; The Physician."

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"INDIGESTION" AND OTHER PROTECTIVE SYMPTOMS.*

By DANIEL E. DRAKE, M. D.

Director, Idyllease Inn, Newfoundland, N. J.

Is there anything more interesting or important in modern medicine than the realization that has at last come to most of us, that the symptoms which we have treated again and again are protective and of infinite value, rather than of harm? What a revelation this has been and what a complete revolution it has made in our treatment of the sick. Let us consider some of the most prominent protective symptoms which, until recent years have been erroneously treated as disease. First, let us consider *fever*. One of my physician friends has the bedside charts of his own case of typhoid fever which were made only twenty years ago in the Massachusetts General Hospital in Boston. The treatment, directed by a prominent member of the Harvard Medical School faculty, consisted in giving the newly-introduced drug, "Anti-Febrin," in 40-60 grain doses every 4-6 hours. The charts show frequent ten degree drops in temperature and a pulse rise to 180! If the patient hadn't had the constitution of an armadillo and the viability of a kicking horse, the treatment would have killed him there and then. Now we know that the fever accompanying typhoid, as well as all other infectious conditions, is the most important protective reaction which is in immediate evidence. Without fever the mortality of typhoid would undoubtedly be doubled—how grave a fallacy therefore to attempt to lower it as in my friend's case!

Pain is another classic example of a protective symptom which has been misunderstood by the profession. I often think that

the demonstration of the protective value of pain as shown by the frequent loss of an eye, a year or more after Gasserian Ganglion extirpation, should be more generally known, because it fixes the fact so clearly in mind. After the ganglion is destroyed of course the sensory nerve supply to the eye is gone. All sorts of foreign bodies may lodge in the eye without the patient's knowledge. Sooner or later there follows painless suppuration and sloughing of the eye. That this is not due to trophic causes is proved by the fact that careful daily washing of the eye will preserve it indefinitely.

Another interesting example of the protective value of pain lies in the great discovery of Lennander that there are pain bearing nerves in the parietal peritoneum only, none in the visceral. This marvellous provision of nature to protect the gut by a rigid belly wall makes possible a diagnostic interpretation of right-sided abdominal disease. How many of us have seen patients with rigid and tender right sides who had been rubbed and massaged, purged and irrigated for years because of a diseased appendix, gall-bladder or duodenal ulcer. Pain, therefore, is not alone of value to the profession for its diagnostic meaning, but of infinite protective value to the patient.

Vomiting is perhaps the next most common protective symptom which has been wrongly interpreted. It is a manifestation of indigestion, so called. It never occurs save to protect; it never occurs without furnishing a valuable diagnostic clue. This is true no matter what its origin. The stomach is the toughest organ in the body, having but two simple functions—storage and motility—essentially primitive mechanical functions, not important to metabolism. With the intricate work of digestion the stomach concerns itself little or not at all. It is the cement mixer of the body, digestion occurring aboral to it.^{1, 2} In an emergency,

*Read at the 151st Annual Meeting of the Medical Society of New Jersey, at Atlantic City, June 12, 1917.

however, its protective reserve powers of elimination, which it has in common with all other body cells, are ready to act in full force. Consider, for example, its activity in morphine poisoning. The reason, of course, for our washing the stomach every half hour is to secure the eliminated morphine before it is reabsorbed. If this is not done an overdose always causes vomiting and this alone often saves the patient.

What of the vomiting which always accompanies acute injury? If a man's toe is crushed, he will vomit if the stomach is full. Why is this protective? In the light of our modern surgical physiology it is easy to see that the stomach is emptied in such cases simply to **release the blood** from the job of digestion to take up the job of protecting. The organism cannot safely spare half its blood content for digestion when an invading horde of bacteria have been introduced by trauma. So the need for digestion is done away with by the simple and efficient expedient of vomiting. The liberated blood stream then rushes to the injured part, producing the customary redness, heat and swelling. It alone! not our remedies effects a cure.

Who among us, however, has not sought to reduce and dissipate these well-known therapeutic friends? Let us blush when we think of the infected hands, legs and arms we have elevated, drugged and packed in ice, losing to the unfortunate patient the boon of increased blood supply. Even the Senegambian Savages of Africa know better, they used hyperæmia for a thousand years before Bier was given the professorship of surgery at Berlin in recognition of his rediscovery!

F. Schlutz's³ working at the University of Minnesota has recently demonstrated that exsicated tissue has a far greater immunity coefficient, than tissue containing the normal, or an increased amount of water. What can this important observation mean other than that in the broad sense emaciation, is protective! Clinically, when one thinks of the poor chance of a fat adolescent stricken with tuberculosis, and of the excellent surgical risk presented by most emaciated invalids, the truth of Schlutz's laboratory conclusion is evident.

Diarrhoea is a protective symptom which

we, as a profession, have been trying our best to take from our patients since Hippocrates was a boy. The transverse descending and pelvic colons, being that part of the great gut which, primordial, speaking from the standpoint of evolution, possess the very important function of elimination. The metallic poisons as well as many toxins, notably that of diphtheria, are eliminated by this part of the bowel. Indeed Lynch and Draper have repeatedly called attention to this fact as bearing on the desirability of removing only the right side of the colon. Again we all blush to think of the diarrhoea medicines we have one and all given in the past instead of using the symptoms as we now do to interpret the cause and give a rational and correct diagnosis.

Increased Blood Pressure is undoubtedly a very important symptom. The disasters which followed in the wake of ill advised efforts to reduce it prove that we know little or nothing about it, save that like everything else in nature, it exists for a purpose. Brown⁴ says: "For my own part I am fully convinced that we have been making our deductions and prognosis upon incomplete findings." * * * "Before applying any therapeutic measure it would seem advisable to determine the cardiovascular balance and study which element in the balance is at fault."

It cannot be too strongly stated and reiterated that every ordinary symptom causing pain or disability is an expression of the sick organism's effort to heal itself. Protection has been mistaken for disease. It may, however, truly be said in defence of the erroneous stand of the profession that a desire to stop pain and limit disability has been the memorable and crowning effort of every physician, and if his intellectual deductions have been somewhat clouded by his altruism, the justification was clear.

What a privilege, however, to live and work in a day when altruism can be guided and helped by intellect rather than the reverse!

That the change in our viewpoint from therapeutics to diagnosis is timely, is heralded also by the fact that in the United States alone "magnetic," christian, mental and food scientists, neuropathic, chiropractic and "Emmanuel Healers," etc., to the number of about 27,000, are giving medical care

1. Lynch-Draper, Intestinal Toxemias and Physiological Surgery, Med. Record, Dec. 2, 1916.

2. Lynch-Draper, Surgical Treatment Intestinal Toxemia, N. Y., Med. Jour., July, 1916.

3. Unpublished, personal communication.

4. Lynch-Draper, Developmental Reconstruction of Colon, etc., Annals Surgery, 1915.

5. From reprint of article by Dr. Samuel A. Brown. Read before the Bergen County Medical Society, November 10, 1915.

to some seventeen million sick human beings. What concerns us in regard to these startling figures, is, not alone the financial factor, for the profession must eat to work, but the question as to how the public health can best be preserved and protected, and both mass, and individual, efficiency increased. It is far better to be frank with ourselves and admit that under the old method of drug treatment of symptomatic ailments, the public derived actually less benefit than it has through the shrewder activities of many clever quacks and healers. Proof of this is to be found in the prosperity of the latter and the relative poverty of the general practitioner. For the public is gaining fast in discrimination, and is fortunately at liberty under our Democratic and non-paternal form of government to taste freely here and there of the various healing waters that are offered by interested persons at every hand. What a delightful feeling of independence it creates in one to feel that who so comes to us for bodily care comes of free will, because free to go to others. Ours is not and never should be a protected and privileged profession. Therefore, it grows, casts aside the dross; annexes the new—expands.

To one important factor looming large in this new chapter of expansion I have given special attention during the past five years. Brieby I have come to regard as a definitely proven axiom the sometime timidly held theory that the average human being if normal, can work and live without complaint. Frank acceptance of this is essential, for it enforces the converse, that a complaining, neurasthenic, inefficient, human being has these limitations because of physical defect. In the greatest clinic in the world there were recently found in 48% of 700 cases of "neurasthenia" and "indigestion" the provoking physical defects. Who can doubt, with Dr. Mayo that if our diagnostic mill were better equipped we should find 80—90—even 100% of the causative defects, and that these are rarely primarily present in the nervous system. Most people have good physical basis for their "nervousness." Truly, in calling the unfortunate neurasthenic foolish, we are in reality ourselves the fools in that we have failed to recognize the cause.

For the general practitioner there is no more profitable book than that written by the late scholarly and gifted Mumford, describing one hundred case histories. Agnostic and without bias, this recital of a modest

modern medical faith stands in striking contrast with the dogmatism of the past, as for instance, when we are told by Austin in his book ("Diseases of Digestive Tract," p. 196), "Many a patient says, 'I have had stomach trouble all my life, even as a child I suffered' " * * * "one can usually assure oneself that such a one belonged to the numerous band of 'bolters,' almost from birth. During childhood the abused and insulted digestive organs submit to 'bolted' food, then comes the storm of a so-called 'bilious attack,' three days of vomiting attributed to the last article of food taken; recovery, then another onslaught on the patience and indulgence of the stomach"; or again, p. 275, "at present and wisely so, medicine and surgery are distinctly divided"; or again, p. 296, "particularly in children, their 'weak' stomach which the fond mother often thinks inherited, usually turns out to be a much abused organ, the child devouring its food like a famished wolf." Of course, every real internist or abdominal surgeon—for are not internists the men who daily open and handle and study the inside of the belly, knows that, as Ochsner has pointed out, many infants who cannot take food have simple appendicular indigestion, and that often in them, as in adults, "indigestion" is the English name for the Latin term "appendicitis." It reminds me of a self-told story of Dr. Abraham Jacobi of his early professional life. He was called to a tenement home and after looking the baby over many times he was chagrined at failing to find anything he could recognize as disease. He, however, noted that the child's eyes were inflamed. Both grandmothers were eagerly awaiting his verdict. With all the serious pomp which was considered necessary in those days, he announced, "The child has conjunctivitis." Eagerly bending forward, one of the grandmother's asked, "Be that the Latin name for measles?" In our day it is reversed, we have an English for a Latin term. Austin would have us believe that these children vomit and have pain because they have bolted their food. No doubt occasionally true, but usually vomiting in these children is a protective sign of peritoneal irritation, and the "bilious attack" referred to is often appendicular colic.

Is it at all wise, as Austin thinks, that medicine and surgery should be distinctly divided? Surely it seems to the writer that the foolish barriers between them should be broken down. No more direct proof of the

need of this can be found than his last reference quoted when Austin speaks of the fond mother often having thought the weak stomach inherited. Surgeons biologically trained like Bloodgood, Draper and Lynch have shown us—and their findings have been corroborated by no less an authority than the eugenist Davenport, that whereas appendicitis is not inherited any more than is tuberculosis, the factors favoring it, namely, congenital deformities of the cecal colon, are very apt to be and frequently are inherited. They are what are called "Dominant Characteristics." This is owing to the fact that the right side of the colon being one of the structures to be acquired late in the development period is naturally subject to great variation. Draper has spoken of it as the "wisdom tooth of the colon." Bryant's classification of human beings into carnivorous, herbivorous and neutral types bears directly along the same lines. In the light of these modern conceptions how wrongful it appears, and what dogmatic casuistry it must be, for the profession to assume so autocratic an attitude as to attribute causes which cannot be proven, and to persistently doubt the data regarding subjective feelings given them by intelligent patients. This latter tendency of the profession seems to me an undesirable viewpoint which should be disposed of as soon as possible. Before doubting strange tales related by patients with disordered alimentary canals, we should do well to look into our real ability to interpret them. Munford already referred to, cites the following case: Mrs. R. D., who had suffered for many years from obstinate indigestion, chronic constipation, frontal headaches, psychical disturbances, a year of melancholia during which time she had threatened suicide, was treated by family physician, an internist, a noted alienist. She was cured by removal of intramural fibromyoma of the uterus, involving the right ovary. What a difference in the attitude of these two schools.

In my last five years of observation of cases suffering from so-called stomach trouble and coming to the "Idylease Inn" for diagnosis and treatment, I have been progressively impressed by the following facts: First, less than 10% of these individuals actually suffered from intrinsic disease of the stomach itself. Second, the only form of stomach disease which I have ever been able to prove to myself or to accept as proven are cancer and ulcer. In Outland

and Clendening's⁶ case "Hematemesis Due to Appendicitis," the hemorrhage was thought to be due to seepage from the inflamed gastric mucosa and not from an enlarged vessel. The appearance of the stomach was mottled and covered with fine veins. The epigastric pain, hyperacidity and dyspepsia was caused by reaction of the stomach to a continuous stream of irritation from the appendix up the omentum to the pylorus, as evidenced by innumerable small glands in the omentum and mesentery between appendix and pylorus. The authors believe that this explains many cases simulating symptoms of gastric and duodenal ulcers which are cured by an appendectomy. Third, 90% of the stomach troubles for which patients flock to sanatoria for treatment are of reflex origin; two-thirds of them are appendicular, twelve per cent. have gall stones, five per cent. duodenal ulcers, three per cent. stones of the kidney, eight per cent. are pelvic. In many cases there are dual of multiple lesions, in fact, I have come to regard this as almost inevitable if the cases have been long neglected. Fourth, a large proportion not yet fully determined of nephritic and cardio-vascular cases can unquestionably be definitely traced to local foci, infection in the sinuses—the tonsils and the teeth.

Granted as definitely proven and accepted by every observing practitioner that a careful study of these individuals is essential to success, it follows that the equipment and maintenance of a diagnostic "mill" is essential to success. Outside of the history, foremost in diagnostic work stands the x-ray. As practically 50% of asylum cases are syphilitic, it is fair to suppose that a large number of neurasthenics are also syphilitic, so, the Wassermann reaction stands in co-ordinate importance. As these two laboratory factors are vital it is more essential than generally considered that no diagnostician should accept a report as to one or the other except he know not only the man making it, but the conditions under which it was made. In our diagnostic work at "Idylease," we regard this as of cardinal importance, having too frequently been led into grave and disastrous conclusions by misinterpreted and erroneous Wassermann and x-ray studies. The following case will illustrate the fact that the provok-

6. J. H. Outland and L. Clendening, Hematemesis due to Appendicitis. American Journal of Medical Sciences, February, 1917, CLIII., No. 2.

ing cause in these inefficient dyspeptics is often far distant from the stomach.

Mrs. N—k, age 38, came under my care in January, 1917. No children, one miscarriage. Family history: Father died 41, said to have had cardiac embolism. Mother died at 40 of cancer of uterus. One brother in good health. Personal: As a child nervous. No history of acute illness, but had frequent attacks of indigestion, feeling tired and languid, accompanied by nausea, no vomiting; skin and eyes sallow at this time. Occasionally accompanied by attacks of depression. Bowels always moved once daily. Menstrual period negative. Gradual loss of weight during the past few months. Inspection: Patient below normal weight. Skin slightly sallow. Hair dry and brittle. The tongue was covered with a brown coating, offensive breath. Teeth—negative. Heart and lungs—negative. Blood pressure—122 syst., 90 diast. Abdomen: Costal arch narrow. On palpation, no splashing, no tympanitis. Slight pain on pressure over region of appendix, increased by raising right leg. Pelvic examination showed a somewhat enlarged cervix with several mucous cysts on anterior lip associated with a glairy discharge from the upper vagina. Uterus retroverted, pressure on posterior aspect near fundus, caused pain. X-ray findings: Normal emptying of stomach and small intestines. Atypical cecum of infantile type. Injected appendix sharply angulated. After enema findings—negative, no leak of ileocecal sphincter. Wassermann reaction—negative. The abdomen was opened by midline incision. The omentum showed evidence of low grade peritonitis in the region of appendix. A long constricted appendix was removed. The uterus presented a large number of small sub-serous and intra-mural fibroids, none of which extended into the canal proper. The right ovary apparently normal. The left fallopian tube was coiled and felt like a small nodule, with dense adhesions between this and the left ovary, which had been entirely destroyed by cystic change. The appendix, uterus, left ovary and tube were removed. Patient made a complete recovery and at the present time can easily do things more strenuous than for years. The importance of this case is this: She had been under the care of a specialist of high standing who had not taken the necessary time and means to search out the cause of her trouble.

CONCLUSION.

1. All the ordinary symptoms of sick-

ness are protective. For this reason they should often be increased rather than curtailed.

2. Like all other forces in nature these natural healing efforts may not be wholly beneficial. They may, and often do, cause great discomfort, but they, rather than ordinary drugs, are what cause final restoration to health.

3. Modern treatment should invariably be based upon a logical and sympathetic interpretation of the symptoms for purposes of diagnosis.

4. The stomach is the central telephone exchange of the body from which most evidence of troubles elsewhere are made manifest. In itself it is rarely diseased, ninety per cent. of all "dyspepsia" being far remote from the stomach.

5. Until a diagnosis can be reached hydrotherapy, massage and outdoor life are essential and helpful factors.

DISCUSSION.

Dr. William G. Schauffier, Lakewood: We congratulate this Society on having as a member a man who has devoted his life to institutional work on the lines which we have just laid down. We all know that too many sanatorium physicians receive patients, keep them and treat them more from the financial standpoint than they do from the standpoint of help to the patient. Dr. Drake has shown in this paper what his ideas and principles are in the way of treatment. I take pleasure in giving personal testimony as to the value of his work. I have had the pleasure of sending more than one patient to Idyllease Inn, and have realized that there the patients are carefully examined, watched over and treated, not because they are surgical patients and need an operation, or because it is good to keep them there from the financial standpoint, but because they need to be cured.

There is no use in taking your time in reviewing the different points that Dr. Drake has made. He has impressed them upon you forcibly and concisely. But I would like to emphasize just two or three of these points, because we as general practitioners usually fail to discover them. Most of us, all of us at some time or another, have treated these neurasthenic patients, men and women. Our neurasthenic male patients give us usually the most trouble. The doctor has said that there is a causative defect back of the causes of neurasthenia that we have to treat. Let us in general practice be more careful in trying to find the causative defect. We shall not have so many failures in our treatment of neurasthenia if we ourselves can put our fingers on this defect. We shall not keep our patients months, sometimes years, treating symptoms, if we will find the fundamental reason for the neurasthenia.

And that leads us to the point that was made, possibly not emphasized quite as much because of lack of time; the trouble really is that general practitioners and many sanatorium physi-

cians do not take enough care and give enough attention to detail in the examination of patients. We all know how it is. We sit in our offices and when a woman comes in and starts to tell the usual story of nervousness, of pain, of lack of ability to do her regular work, we take her blood pressure; perhaps we don't; we examine her urine very cursorily ourselves. Perhaps we take her word for it that Dr. So-and-So has already examined her urine. We go into her history very slightly, because there are a half-dozen people waiting outside in the office, and because this is an old story, and so we fail at the initial visit to put our finger on any causative defect in that woman's case; and in our minds we too often make the excuse: "Oh, well, here is another nervous woman." Therefore we fail to do our duty in getting at the cause of this woman's trouble. Attention to detail, care in the examination in the practitioner's office or at the bedside, will eliminate a great many of these cases at the start.

The doctor has spoken of local foci, for so many conditions of indigestion or pain, etc. We are beginning to realize the necessity of more care in determining these local foci. Here, again, we have been careless. We have passed over many little things that in the light of more modern knowledge we now recognize to be causes of remote trouble, such as teeth, tonsils, ovaries and other possible local foci. We are beginning to realize the importance of these things. Dr. Drake has spoken of the necessity of careful x-ray examination. At a recent meeting of the Climatological Association a day was devoted to x-ray work, particularly in heart and lung diseases, and it was brought out very forcibly there, that the ordinary x-ray work is of very little comparative value. X-raying was fashionable a few years ago; even now many a general practitioner thinks that his office is not properly equipped unless he has his own x-ray apparatus. He depends upon his own findings in his work. It was shown at the meeting mentioned by Dr. Taylor of Philadelphia, one of the best x-ray men in the country, that only expert x-ray work by a man devoting his whole time to that work is really of any value from the diagnostic standpoint, and, furthermore, that no general practitioner, busy with his other work, and pressed for time by his patients, can possibly develop the requisite experience in making the x-ray pictures and interpreting the plates. I am sure Dr. Drake will agree with me in this. I happen to know that his x-ray work is done for him by an expert, as is also the interpretation of the plates.

Many of us have been doing x-ray work, and have been interested in it. How many of us can honestly say that we are sure of our findings in any plate that we may take, and how many of us can take a plate made by an expert and interpret it with fairness to the patient? I confess that it is impossible for me to do so. Only recently I had a careful x-ray study made of a patient in whom I was particularly interested. I went to the laboratory and worked over the case with two different men there. It so happened that each of these men interpreted certain things in a different way. The final result came to me in a written form from a third man in that laboratory, and his findings were quite different from those of the other two men who had explained

the plates to me. The result in my mind was confusion.

Dr. Francis Ward Langstroth, Ridgefield Park: It has been impressed more and more upon my mind as I have gone on year after year in my chosen work, that the human being, like all other organisms in nature, was predestined to be born, to grow to maturity, to live out a natural span of life, fulfilling his or her normal functions, and to gradually decline to a ripe, serene old age, and all this free from disease. Therefore, when the human being shows deviations from the normal, which deviations we call disease, there is in every case a cause for these and they should not be considered and treated as the disease itself, but they should be recognized as merely the symptoms and results of the disease.

In other words, all these protective symptoms which Dr. Drake mentions are not only protective to the patient but they should also be indicative of an absolute underlying cause. To illustrate: We are practically certain now that in every case of facial neuralgia and so-called inflammatory rheumatism, neither the pain or the swollen joints are the disease, but are always the results of absorption of bacteria or their protein products, from focal points of infection, be it in the teeth, tonsil, sinuses, gastro-intestinal tract, or other places. Yet how many of these cases do we still see treated symptomatically as if they were a disease in themselves.

Only recently I know of a case operated upon for ulcer of the stomach and this case at the time was suffering from a marked pyorrhoea which pyorrhoea may have, I believe, caused the stomach lesion, and it should have been eliminated long before the case ever needed surgical attention. As I hope to hear Dr. Arnold Sturmdorf explain in discussing my paper, many cases of appendicitis in woman, and practically all cases of chronic and acute tubo-ovarian infection have their focal point of entrance in an infected cervical mucosa.

In the case Dr. Drake reports in this most able and interesting able, the whole chain of symptoms resulted, in my opinion, from the infection of the cervix.

I am prepared then to agree with Dr. Drake that symptoms are protective, that they are not the disease but only the systemic expression of the disease, and I wish to go further and state that I believe when the study of focal infections has been more complete we will find that fully 80 per cent. of our chronic cases will be found to result from absorption from definite points of infection.

Dr. Theodore W. Corwin, Newark: I rise particularly to ask you to observe a method in examining tonsils which will perhaps assist you to appreciate how tonsils that appear normal may often be shown to be diseased. We all know the influence which infected tonsils have upon the constitution of children, and though the removal of tonsils is perhaps sometimes overdone, we know that in many cases their removal produces a most perfect change for the better in the system of many young people. The tonsils are also productive of a serious disturbance in adult people and oftentimes in people considerably advanced in life. Yet they will not be found enlarged. They

may hardly be seen when the mouth is opened and the base of the tongue depressed. It is not necessary that they should be large in order to make a great deal of trouble; the infection produced by very much contracted tonsils may be very severe—just as troublesome as any other. In order to get an opportunity to find out whether tonsils are infective, the plan should be to go beyond an inspection and make pressure on these tonsils. If a tongue spatula is placed in front of the anterior pillar of the fauces pressure made so as to squeeze the tonsil; or, better yet, if the tongue spatula or any other instrument be placed at the lower pole of the tonsil and forcibly raised over the surface of the tonsil to its superior pole, exerting a firm pressure on it, or as much pressure as can be tolerated at this point, many tonsils that look normal will show an exudate, and if the spatula be held under the nose afterward, you will find that the order of the exudate is offensive. This chronic discharge goes on, and is present all the time in many cases. It is a very frequent cause of offensive breath; but the discharge does not cause the breath to be offensive at all times; it is most likely to be so when people wake up in the morning, and then is carried away by the juices of the mouth. I advise you to adopt this simple method of stripping or making firm pressure on the tonsil body to guide you to the diagnosis of a lesion which perhaps otherwise might be overlooked.

Dr. James S. Brown, Montclair: It is such a relief to hear a paper of this kind from an internist and a man who told last night that he considered an internist the man who saw the inside of the abdomen, and an externist was the man who saw the outside. But I want to bring out a point that occurs right along in the hospital work with us, that while these cases are due to local foci of infection, most of them are due to multiple foci. That is where the profession has fallen down. It seems to me that physicians recognize the fact that these cases of so-called neurasthenia are not nervous diseases at all; but are due to some causative agent working in the body. In opening an abdomen for gall bladder disease, it is quite the custom to remove the appendix, and in more than ninety per cent. of these cases the appendix is found infected or has been the seat of recent or old inflammatory disease. The point that should be emphasized is that all incisions made for the purpose of exploration should be so placed that all the organs throughout the abdomen can be examined and examined carefully.

Dr. Thomas W. Harvey, Orange: It seems to me that the principal point in this paper is the importance of diagnosis. This matter of the diagnosis of a patient has an important bearing on the future of the general practitioner—the lone man in the lone office no longer can make a thorough diagnosis. We see the Life Extension Institute turning out diagnoses of people's conditions; I see they have raised the price to \$10 and \$15. Now, the general practitioner has got to recognize that the people who come to him for a diagnosis are going to require an examination or examinations that will represent not only \$10 to \$15, but \$25 to \$40, even without an x-ray examination. What is to become of the general practitioner in the face of such a condition?

If the general practitioner don't recognize these facts, the diagnostic clinic is going to push him out of his work. The general practitioner should have an office in which there is not one man, but two or three men. I outlined such an idea in a recent number of our Journal; an office force of four or five people to work up and do the work that one man has tried to do. This is the next step in the development of the general practitioner, who otherwise is going to fall down in the day's work in view of the demand for thorough diagnosis.

Dr. Gordon K. Dickinson, Jersey City: I have just two or three words. It seems to me the gynecologist has again come up out of the womb into the stomach; and it is the same old story: clinically, you cannot stay where you are put. The neurologist thinks the brain is all in the skull; but any man who has worked on the thyroid knows there is a whole lot of "brain something" down in the thyroid gland; any surgeon who has done stomach work knows that those affections which are often called stomach disorders are really mental. A great many of the stomach distresses that have been coming to me lately (and I have had a number of this type), are really disturbances in the home life. Annoyances in business. Interferences with ambition, and a big "turnover in the pond" that calls upon everybody at 45 or 50 years of age. In the woman we call it the change; in the man we say he is a hypochondriac. I can't count the number of men I have seen in the last little while who have had epigastralgia and disturbances of digestion, and symptoms of duodenal ulcer, who were really perturbed because they hibernated in their offices, didn't keep in touch with the advancements that come along and suddenly became wise that the young men were getting quite as big or bigger than they and that they had to hustle to catch up with the times, and they didn't want to be disturbed. It hits you right in the pit of your stomach and makes you sick when you come to the turn, and the stomach is blamed.

Another thing annoying to me in diagnostics is trying to get people to understand the proper value of words. How many times I have had folk come to me complaining that it is the food they take; how many times they have complained of the liver and stomach, or some other trouble. The trouble is they won't be accurate. With men and women inaccurate in their language the physician's job is embarrassed—even with men who think they are pretty good fellows; and until you get men and women to express themselves accurately, you can't get down to a quick decided diagnosis.

Dr. Ellis W. Hedges, Plainfield: Dr. Dickinson has voiced exactly the restriction that I was going to make about this, that there is such a thing as neurasthenia independently of local foci of disease. Years ago I remember—so many that I am not going to say—listening to a clinical lecture by Dr. Goodell of Philadelphia. He said: "Gentlemen, I have the privilege of bringing before you to-day an entirely new disease, neurasthenia," and then he proceeded to dilate upon it as something quite novel. Whether it was or not, we know that neurasthenia in its various manifestations is

increasing here; and we find it increases not so much among the men and women who have worked hard at their daily labor as among the idle rich, or among those who have abused their nervous systems. Take, for instance, young girls in high school or college who are striving for some prize. They break down and go all to pieces with their digestion, nervously; or some of them get in love, and are distracted on that account.

There are a large number of people who have nervous symptoms which are due entirely, I think, to abuse of their nervous systems, quite independently of any trouble with the gall-bladder or with their appendices. I can remember very well some time ago a woman came to my office and told me I was the thirteenth physician she had consulted. I concluded that was about all I needed to know about her, and then she began to pour out an interminable line of symptoms, and as she did so, she alternately swallowed and belched gas until it was making practically a noise like an exploding cartridge every time. After questioning her and making an examination, I said: "Do you sit opposite your husband at the table and do that sort of thing all the time?" She said: "Yes." I replied: "If you were my wife, I would either throw you out of the window or run away and leave you." "I cannot help it," she said. "You can help it, and don't you dare do that again in my office," I replied, and I got up and made a menacing gesture and she stopped it. A curious thing about the case was that a year later she came to my office and timidly inquired of the stenographer if I were in; she said no. "Well," she says, "I don't want to see him, I want to see his brother, who has an office with me." She came in and saw my brother. He fortunately looked up the record of her case, which I had written out in some detail in the history book; and he saw this story about belching gas, and asked her: "Well, how about that belching gas, which was such a troublesome symptom with you a year ago?" She says: "I have never done it since."

If some psychic influence could once in a while be brought to bear upon these patients, I think it would help them. We ought to get the sympathy and co-operation of our patients; find out if we can, not in any inquisitorial way, but in a kindly fashion, what it is that troubles them. As Dr. Dickinson says, so many men and women come to us with all sorts of family trials and troubles which we must know about before we can properly treat them. Get their minds at ease and a great many cases of neurasthenia will get well. Not that I disagree with Dr. Drake, I think he is right, but we must recognize that there is a neurasthenia independent of gall-bladders and appendices.

Dr. Daniel E. Drake, Newfoundland: In closing I thank the members of this society for their kindly discussion of my paper. I wish to emphasize two or three points. We should never be satisfied with an examination if the history and x-ray study materially disagree. It is most important to make a thorough search for the different focal infections. The mind often does become an important factor, and psychical disturbances are many; for instance, on my announcing Sunday evening that I was going to leave Monday morning for Atlantic

City, one of our guests became somewhat disturbed, and about twelve o'clock had an acute attack of hysterical vomiting, keeping me busy until nearly morning when she quietly went to sleep. I could find no reason for this attack except her mental disturbance over my going away. In regard to the last discussion, I had a similar case a few years ago; a patient referred to me by one of our prominent surgeons of this State, I called her a "cribber" and persuaded her to stop, as I thought, swallowing air and belching, which she apparently did; yet to my surprise, after the patient returned home an x-ray study showed a pyloric ulcer.

INCREASED EYE TENSION AND BLOOD PRESSURE; REPORT OF TWENTY CASES.*

BY HARRY VAUGHAN, M. D.
Morristown, N. J.

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In endeavoring to find an answer to the question what is the relationship between increased eye tension and blood pressure, it is important that we consider the frequent cases of primary glaucoma the oculist meets in his practice.

To shed some light upon this perplexing problem I was detailed by Dr. A. E. Davis of New York Post-Graduate Medical School and Hospital to examine these cases in his clinic. We have kept records for the past two years and the cases have been followed up as far as possible in a clinic.

In many instances we have taken the eye tension and blood pressure on three different occasions in the same patient, so as to arrive at a correct average. The lowest readings of the estimations were tabulated. The observations were made at the same time of day and approximately the same interval after food; and under similar psychological conditions. The Tycos blood pressure apparatus was used. The intra-ocular tension was estimated with the Schoitz tonometer, with the following results, viz.:

Age Period	Average Blood Pressure	Glaucoma Pressure
20-30	138 (1)	14 Hg.
30-39	140 (1)	25 "
40-49	137 (8)	30 "
50-59	150 (8)	40 "
60-69	165 (2)	23 "

My figures like those of Kramer and Kumwell are not uniformly either in favor of or against the theory that the average blood pressure in glaucoma is high.

Experiments in which children were made

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to take violent exercises running up and down stairs in order to cause a heightening of blood pressure and then on their return the pressures were taken; have failed to show any increase of eye tension.

So it has not been proven that eye pressure in man alters with blood pressure. Perhaps too much importance has been given to the blood pressure as a factor in maintaining or increasing eye tension. That it does help to maintain the eye tension no one will deny.

But the eye tension may be affected in many ways which have no connection with and no effect on blood pressure; and conversely the blood pressure may alter greatly without any corresponding effect on eye tension being observable. That blood pressure is of any importance at all in the causation of glaucoma is doubtful.

The solution of the long standing problem of the etiology of that disease may prove to be a chemical one, with the well-known phenomenon of osmosis as its base. We may infer that the cause of the edema is essentially the same as that of more general ones.

In a large number of glaucoma cases circulatory disturbances in the eye which permit of an accumulation of carbon dioxide and the abnormal development of such acids as constantly accompany states of lack of oxygen are unquestionably present.

According to Schoitz the normal intra-ocular tension, as indicated by tonometer, varies between 9 and 26. It is impossible therefore for an eye to be affected with glaucoma and yet the tension be within the normal limits.

This may be regarded as exceptional, and eyes whose normal tension is on the lower physiological border, such as near sighted eyes, have no particular tendency toward pressure increase.

If increase tension does appear it remains within moderate limits and may be recognized only with the tonometer.

In normal eyes the pressure does not seem to vary much during the course of the day, and is apparently unaffected by the use of mydriatics or miotics. In eyes the subject of iridocyclitis, changes in the vitreous, spontaneous intra-ocular hemorrhage, and similar conditions marked variations are to be found.

Simple glaucoma almost always shows with the tonometer a slight increase of tension. Only exceptionally is it found beyond 25 m.m.

Notwithstanding the recognized value of

the instrument, therapeutic measures should not rest alone on its findings with the exclusion of clinical symptoms.

The expressions glaucoma and increase of pressure are not identical. Abnormal intra-ocular tension is only one symptom of glaucoma, important as it is to the integrity of the eye.

Even though the tonometer may indicate a pressure say of 28 m.m. an operation would not be indicated in the absence of cloudiness of vision, contraction of the visual fields, and progressing cupping of the optic nerve.

If, however, the increase in pressure was associated with the usual clinical manifestations of abnormal tension, operation would be indicated as soon as the character of the disease is established.

For those who cling to the medical treatment of glaucoma and operate only as a last resort, the tonometer will be of considerable value in indicating the value of miotics in controlling the tension, and the period when the operation must be performed.

In types of advanced glaucoma the tonometer proves that vision decreases and finally entirely fails notwithstanding decided decrease in the intra-ocular pressure.

For the general practitioner, the Souter instrument is the simplest tonometer and may readily be carried in the pocket.

In determining the causes of glaucoma, constipation, syphilis, nephritis and a chemical analysis of the blood should not be overlooked.

DISCUSSION.

Dr. Guy Otis Brewster, Dover: Dr. Vaughan's findings seem to confirm the observations of others, that increased blood pressure has little or no effect of increased ocular tension. Individuals less liable to increased blood pressure, viz.: females, dyspeptics and those of the "spare habit," are more prone to attacks of glaucoma. The cause of glaucoma remains veiled in obscurity. It is not a disease, but a symptom complex, akin to angina pectoris. Nervous affections, cardiac disease, circulatory disease, and chronic intoxications, seem to be predisposing factors. It is sometimes familial, Harlan reporting it present in five generations of the same family. Liability increases steadily up to the age of seventy, and it is worthy of note that the lens also steadily increases in size up to this time. It has been noted more frequently in hyperopic eyes and those with small corneae. It is reasonable to infer that an uncorrected error of refraction has some predisposing effect.

Given primarily—a small cornea, and hyperopia, the ciliary muscle and body hypertrophies, particularly if the refractive error is uncorrected. With the outset of presbyopia

the ciliary muscle further hypertrophies. After the lens becomes enlarged in the later decades of life, it is easy to see how a filtration angle, congenitally reduced in size, may become partially or wholly obstructed by the pressure of an enlarged lens and a hypertrophied ciliary muscle.

Dr. William G. Schauffler, Lakewood: I would like to ask Dr. Vaughan, for the benefit of the general practitioner, what his suggestions are for the treatment in general practice, for such cases generally come into the hands of the general practitioner before the specialist is consulted. Some of us in practice see these cases and have made the diagnosis, yet have not been able right away to get the services of the specialist. I hope Dr. Vaughan will be good enough, in closing, to speak of that.

Dr. Linn Emerson, Orange—I believe it is true what Dr. Schauffler has just said, that there is no disease, surely none that the oculist treats, which is more unfortunate than glaucoma. We see, every oculist sees, case after case of glaucoma in which the vision is either partially or wholly lost, as a result of either lack of treatment or improper treatment. Of course, glaucoma is a very rare disease. There are men practicing general medicine who go through their whole life in medical practice without ever having seen a case of glaucoma. There are two distinct types, the so-called chronic type and the acute type; and the diagnosis is not easily made. Sometimes it is in doubt, even in the hands of a skilled oculist. In the hands of the general practitioner nearly one-half of the cases are not diagnosed. The onset of chronic glaucoma is very confusing if the symptoms do not point clearly to the condition. Many times the only thing of which the patient complains is just a slow failure of vision, and he goes to his optician many times (without going to an oculist) for a stronger pair of glasses to make him see better. Oftentimes he does not consult his family at all, or, if he does, the doctor does not realize what is happening.

The other type, the fulminant type, comes on with severe prostration, nausea and vomiting. I have seen many cases which have been treated, one, two, three, five days of a week as a bilious attack by the family doctor. The severe headache, the great nausea and the great prostration leading the family doctor to think that the trouble was a gastric crisis; it is only at the end of a few days that the patient accidentally or incidentally calls the doctor's attention to the fact that the vision in one eye is poor. What I have said really is not germane to the paper, it is more in answer to what Dr. Schauffler asked. Dr. Vaughan and Dr. Erewster have practically covered the field and said all that can be said as to the blood pressure and eye tension.

Dr. Elbert S. Sherman, Newark—Such observations as Dr. Vaughan reports are interesting to all of us who are doing eye work. For a number of years I have been taking the blood pressure in connection with the tonometer readings, and have some time ago come to the same conclusion which Dr. Vaughn has given us to-day—that blood pressure has very little to do with glaucoma. Of course the causation of glaucoma is one of the most interesting questions in ophthalmology, and has never yet

been settled definitely. Two or three statements have been made which, if I understood him correctly, I cannot quite agree with, one of them is that the average tension in simple glaucoma is about 28. I have found that in quite a number of cases which I recall now the tension in simple glaucoma is considerably above 28, very often in the 40's, sometimes a little higher; and, again, in regard to the indication for operating in glaucoma the appearance of the disc is of comparatively little importance. I regard diminution in vision, with contraction of the visual field, in connection with increased or continued high interocular tension, as the most important indications for operation.

Dr. Alfred Stahl, Newark: What results has the doctor had in anti-gout treatment? I had one patient who came to me after it had been running for a year. He had symptoms of gout, and after anti-gout treatment he improved considerably. The symptoms are not entirely gone, but they are considerably better.

Dr. Charles S. Heritage, Glassboro: I would ask whether eserine is not used in these cases of glaucoma. It was not mentioned as a treatment and I think it is of interest to discuss that.

Dr. Harry Vaughan, closing: I would say in replying to Dr. Schauffler, who desires to know how the general practitioner shall treat a case before turning it over to the specialist, that I presume he means a case of primary glaucoma, the ordinary case. Is that what you mean?

Dr. Schauffler: Yes.

Dr. Vaughan: The first treatment in my mind would be hot boric acid compresses to the eye, a bottle of citrate of magnesia and drinking large quantities of water; and, if the patient is young, free sweating; if he is above forty, I would be very careful about sweating him, I mean by heat, by steaming him. In a case like that I would give internally fluid extract of jaborandi, about 10 minims, or, I would give pilocarpine, about $\frac{1}{2}$ gr. hypodermically three times a day. I would use a few drops of a 4 per cent. solution of cocaine in the eye. Or instil a 2 per cent. solution of pilocarpine and cocaine muriate into the eye.

In reply to Dr. Stahl's question as to anti-gout treatment, I would say, it would do the eye good, in cases that are undoubtedly of rheumatic origin. Salicylate of soda, which is made from the natural oil of wintergreen, 10 or 20 gr. doses should be given three or four times a day; also flushing the system by drinking large amounts of water.

In regard to Dr. Sherman's question, the doctor evidently misunderstood me. I didn't say that the average eye pressure was 28; I gave four periods, from 20 to 30, 30 to 40, 40 to 50, and 50 to 60. I said that it varies between 9 and 26; if I was giving an average, I would say that the average eye pressure in my opinion was about 18. I will say 15 to 18, to be careful. In regard to Dr. Heritage's question as to the use of eserine in the treatment, I would say yes, but would not advocate its promiscuous use by the general practitioners.

Intellectual Ignorance.—Ignorance, which in all matters of morals ennobles the crime, is itself, in intellectual matters, a crime of the first order.—Joubert.

EDUCATION IN THE DEVELOPMENT OF A PHYSICIAN.*

BY GORDON K. DICKINSON, M.D., F.A.C.S.,
Jersey City, N. J.

Somewhere in the Bible is a warning against building upon the sands. It takes little common sense to appreciate the fact that a foundation must be well laid, strong and durable. The foundation of a man's life, particularly one who is in a profession such as medicine, should be deep, broad, and thoroughly mastered. Future building, the extent and the height to which it can reach, depend upon the character of this foundation, and this has always been and always will be education. He who builds hastily, he who builds with any other idea than that of stability builds but for a short time, for he builds on sand.

A man's education is obtained through various channels. The mind responsive to numerous influences from youth to old age is continually under the influence of impressions. Through the reading of many books, whether the primers of early childhood or the symposiums and monographs of later life, is found that which is primarily given in the schools as a method of teaching. This is simple enough to be conventional, and every student gradually accumulates a library of such works as have appealed to him for their intrinsic value, or which will act as stepping-stones toward the goal he is endeavoring to reach.

In the study of the languages lies an important road to the enlargement of one's insight into the results of other minds existing under far different conditions. How differently does the mind of the Englishman trained in the schools of Oxford and Cambridge look at things from that of the German, for instance, trained in his materialistic and specialized way! How great is the importance of a thorough study of what are known as the "dead languages": Greek and Latin! How much more the true refinement of culture comes to him who has been so trained! His flow of language, his knowledge of words, his ease at phraseology! How much better and happier is he because of such training, for these languages are not dead, being yet alive in his own.

A broad, careful and sincere study of history (not of the history of kings nor of wars, but of peoples, their surroundings,

how they lived, how they worked out the problems of their days, the evolutionary growth of intelligence and its expression in writing, commerce, and travel), leads one to see that man has always been man, that the individual life for several thousands of years went on the same as the individual life to-day. In those days there were brilliant brains; in those days there were men of industrious habits; in those days there were men who strove to better themselves in the laying of their foundations and in sending down to posterity a knowledge of their deeds, which are inspiring men even now.

He who wishes to be fortunate and successful, to make the most of the talents given him, must avoid the companionship of those who have not made good; those who are not striving to improve their minds. He should associate with men of calibre and of industry; with those who are called "live wires," those who live decades ahead of their times. It is by such contact and acquaintanceships that men educate and re-educate themselves, broaden their minds, clip the wings of conceit and become tolerant of opposing thought.

Physiologists state that the difference between the imbecile and the educated man is simply a matter of branchings from the cells of the brain and their anastomoses. The man with few branches between the individual brain-cells will have a narrow mind, and he who in early life has forced the brain-cells to send out more "feelers," he who has more dendrites, will have a brain for larger capacities. Books of travel, languages and history, the study of Greek and Latin, and the mathematics, it is said, tend to a high production of brain-cell anastomosis, and thus prepare this organ for the multifarious work of later life and whatever it may be called upon to do.

Primitive man depended entirely upon his five senses and what little brain power they may have developed, and as man has in him much that is evidence of the primitive life, so in mental construction he still has considerable evidence of this primitive mode of education. He is still strongly obsessed by what he sees, hears, feels and what he can touch or taste. The average man to-day, even he who is far above the average grade, is powerfully influenced by what comes to him through his senses. It is a true saying that "if we see a thing in print we believe it." If a person wants to impress the public he employs graphics; if he desires to

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emotionally affect a body of people he reaches them through music and a harmony of sounds. A man with a good vocabulary and an easy flow of words can move a multitude for the time being, at least.

So in these several avenues are found important and active means for stimulating brain growth. Social association and conversation is yet another way of building up the brain. Man is a social animal and naturally desires to come together in families, tribes, clubs and societies. A man not so inclined fails to comprehend his neighbors and a general tendency of suspicion and doubt becomes uppermost as he grows envy, jealousy and enmity.

But through clubs and societies and through acquaintanceship with others he soon finds one man is as kindly inclined as another, that he has no enemies, that he can live in harmony with other men, even though their aspirations and their mannerisms make for individuality.

Thus it is seen that education is a very broad proposition; in a measure physiological; in large part artificial, and again pedagogical; it is a process, not a condition. The man of broad education, the man whose mind has been so trained and developed (or, to put it histologically, who has numerous anastomoses between his brain-cells) finds much happiness and entertainment.

Education stimulates imagination, and he who has no imagination, who does not dream, who cannot sit in his armchair, shut his eyes, and hypnotize himself with thought and reflection, does not grow mentally. He fails to possess himself of that most delightful of all accomplishments, silent meditation. It is said that the big things in life, the most wonderful compositions, paintings, sculpture and discoveries, have been made by men under thirty years of age when dreaming seems true.

A good broad education, well digested mentally and properly placed back in one's memory is the strongest influence for character. Anarchy and chaos are not found here, nor those who fail to correlate with their surroundings and with other people, but the sympathetic and charitable, those who appreciate what others think and what others do, and that which leads up to nobility of mind and an enlarged understanding of life.

What of him who builds upon the sands and who wants to hurry his education, who feels no responsibility to mankind, and who selfishly thinks that what he already knows and what his senses bring to him from day

to day are sufficient. He is one who has little regard for the unwritten laws and thinks only for self. He builds but for a day. His heart is not in his work, in his studies, or in his development, but in his income. He worships the idol made of gold. His soul becomes warped, and, inevitably, before he lives many decades, that which he has made for himself will become a Frankenstein to follow him through his remaining days to harass his conscience and make him miserable, and he will wish he had done differently, because man often breaks his idols before he dies, and having nothing to substitute the brain decays.

In this matter of education is there not at present a swinging over to just such a condition? Is not the suppression of the classics, the over-development of manual training, the neglect of the philosophies, the building for a business life rather than for an intellectual one, a condition which will in a short time lead to a demoralization of the school system and individual life? Is not the present condition in Germany the result of an education of this type? Are not the cruelties, the estrangement from conventions of Christian principles and their "kultur" the result of just such training? Is it to be repeated here? In the last few years there has been a repetition of "brain storms" of one kind and another, an endeavor to placate the public, to please the incompetent, and those who want to "get there quickly" regardless of principle or mental development.

This outline of education applies to the medical profession also with obvious alterations in the application. Not many years ago any young man was allowed to study "medicine," as it was called. If he could pay the professional fee, which was not very high, he was accepted as a student. If he attended lectures and would write or smuggle in a thesis he was given a diploma and called a "physician." Things were primitive and very much as they were in the Stone Age.

After a while the colleges were compelled through the publicity of the medical and lay press to teach broader, to require a standard before entering the schools, and to lengthen their course. To-day the product of our schools is far better in many ways than twenty or thirty years ago. But our medical colleges are depending upon the other colleges to prepare the young man for medical study, perhaps not as mindful as they should be of the fact that a good, true physician must have something else in his

brain besides a knowledge of symptoms and treatment.

The true physician should be a student. He should have a logical mind developed. He should be a keen reader of human nature, based on the mental sciences as well as practical experience. He should know not only to-day, but he should know the past, particularly as to medical history. His mind should be so trained and prepared that the medical education he obtains will not be simply an acquisition of medical facts, but coupled with an ability and an urgent desire to ponder, to meditate, and to know the individual who is the subject of the symptoms and to comprehend the patient in all his various tangents, as well as the lesion disturbing him. And as true education comes not solely through the senses but is often disturbed and distorted by them, so the physician who has not a strong foundation built deep on the rocks of a broad and general knowledge will be warped.

Then will naturally follow the bending to the tendency of shortcuts, to go to the other man for an opinion. Instead of sitting by the bedside and obtaining history and still more history, placing the symptoms on a physiological basis, and endeavoring to comprehend the mental and physical makeup of the individual, with the family and social relations entangling, he says, "send him to the x-ray laboratory;" "send him to the pathologists," then writes down such diagnosis as they may make. Not a diagnosis of the result of his meditations, but one based on laboratory findings.

Sometimes it is thought that the doctor of the past was a harmless creature, but with the present day physician with his substitute diagnosis, with his vaccines attacking nature's efficient methods, and with his tendency to act under the guidance of what he sees rather than what he should know, is there not developing a type of medicine and surgery which mutilates and is a danger instead of a blessing and a cure?

The young man cannot be blamed for operating on a full neck thyroid (the sign of maternity)¹, because he is taught that all large necks are goitres. The nomenclature is at error. He cannot be blamed either for ordering innocent teeth to be removed, because he is being taught to do so. He is led to believe that if a woman has a pain in the region of the cecum it is appendicitis, and that it is dangerous to wait. The woman, being a woman, may have some of the symptoms which ordinarily go with pelvic

trouble, so out come the appendix and ovary.

Many such cases of unnecessary surgery could be cited. When the doctor simply gave pills and powders and nauseous medicines little harm was done, but now that he is able to cut and to disturb the blood serum the danger is great. And it is all because the method of education is at fault. Perhaps the time is not far off when every sanatorium as well as every hospital will be obliged to be incorporated and compelled to issue reports annually, and in conjunction with some official body a competent committee appointed to investigate these institutions, and there will be publicity and public judgment.

But, in the present day, however, there is much to be proud of. Apathy and greed can affect but for a time, then the true and the good are bound to prevail. Without darkness the light would never be appreciated. The State of New Jersey stands in the foremost rank in sensible and progress-affecting laws. The New Jersey State Medical Society has shown calm thought and sensible action to existing conditions and their remedy, and in the very near future through the combined workings of several wideawake bodies of this State there will be not only a much needed betterment, but a demonstration to other States of the great good being accomplished.

A PLEA FOR GREATER EXACTNESS IN THE DIAGNOSIS AND TREAT- MENT OF TUBERCULOSIS.*

BY RICHARD COLE NEWTON, M. D.
Montclair, N. J.

The writer well remembers his feelings of surprise and incredulity when he was presented with an excellent skiagraph of the thorax of a person alleged to be affected with pulmonary tuberculosis, and was told that certain mottled appearances, which one writer has compared to the eruption of measles, and which were scattered over the lung tissue, being most abundant at the left apex and the root of the right lung—were indisputable manifestations of active tuberculosis. This occurred ten years ago and I regret to say made only a passing impression on my mind. The radiograph was finally moved from a conspicuous place in my office

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to that receptacle which contains the unread reprints and other treasures which have been put away in good faith and which are occasionally resurrected for some good purpose, always provided that they have not been consumed in one of those semi-annual maelstroms called housecleaning. I desire to pass this skiagraph around; not alone because it so well fulfils its diagnostic object but because I hope that it may arouse amongst my hearers some of the feelings of repentance and a desire to shake off the vis inertie of mental conservatism and intolerance, which form so powerful a bar to the general advance of medical thought and which are often at least the cause of our short sightedness and ineptitude as clinicians.

Personally, I look upon this picture with shame and humility because it has taken me ten years to learn the lesson it so obviously teaches and to appreciate the truth of the assertion made when it was given to me, that the roentgen ray will establish the diagnosis of pulmonary tuberculosis before auscultation and percussion can do it.

It is perhaps superfluous to call your attention to the now well recognized fact that when a positive diagnosis of pulmonary tuberculosis can be made by the physical examination of the chest, the case is no longer incipient and the golden moment for the institution of successful treatment has passed. If modern medicine has taught us anything of permanent value it is that treatment to be effectual must be timely. No one thinks of delaying the administration of antitoxin in diphtheria for one instant after the presence of the Klebs-Loeffler bacillus in the patient's throat has been demonstrated. Nor does anyone expect to cure tetanus or rabies after the overt symptoms of these diseases have manifested themselves. In the same manner no one should expect that the routine treatment of tuberculosis will be invariably successful unless the diagnosis is made and the treatment instituted at the earliest possible moment. It has always been the complaint from the sanatoria that they do not get hold of the patients early enough. Many of us, who do not call ourselves old, remember when no one was sure of his diagnosis of pulmonary tuberculosis until the tubercle bacilli had been demonstrated in the sputum. Now we know that while their presence makes the diagnosis positive, they may be absent in about forty per cent. of all cases of consumption. And no good clinician now waits, as he used to

do, until the bacilli are found, before taking steps to arrest the disease.

The matter of diagnosing pulmonary tuberculosis by the x-ray in general practice is at present surrounded by a number of difficulties. The number of good x-ray operators is limited. One professor who is using this method, not only for diagnosis but for the study of the progress of the disease in the lungs, has told me that there are few operators who really understand how to take the pictures of the lungs and fewer still who are able to read them correctly, after they have been taken.

Prof. Northrup declares that the x-ray is his diagnostic sheet-anchor and is more valuable than the von Pirquet test, or the swabbing of the throat and nostrils in children for the detection of the tubercle bacillus. He alludes to auscultation and percussion as mere accessories to the diagnostic methods just mentioned. The demand for more x-ray operators able to give us these early diagnoses in pulmonary tuberculosis is, therefore, very urgent and it is our duty as clinicians to insist that this demand be supplied. We must, however, first educate ourselves up to the point where we can read and interpret ordinary x-ray pictures fairly well and we shall then know whether the x-ray work that is done for us by the so-called experts is good or bad. In a recent address Prof. Northrup also laid great stress upon the physical condition of the child suspected of tuberculosis. He spoke of the pearly white skin, the languor and want of endurance so noticeable in tuberculosis as well as in hook-worm disease and a number of other systemic poisonings.

Pottenger in a recent very able address, on the perversions of the vegetative nervous system in tuberculosis, insists that none of these phenomena are peculiar to this disease, but are to be noted in many other dyscrasie and perverted or septic bodily conditions. However, one German writer has recently gone so far as to say that the enteroptotic diathesis and the tubercular diathesis are one and the same. But in spite of these limitations any pediatrician will, I believe, agree that children presenting these characteristics described by Northrup are in all probability tubercular, especially if they have been exposed to tuberculosis in infancy or early childhood. In fact, tubercular infection is so common that it is safe to assume that any delicate child and most delicate young people, whose physical depravity cannot be otherwise explained, are infected with tuberculosis.

In examining the chests of such children we may or may not detect any definite signs of the tubercular process, and the uncertainty and variability of the physical signs in children make a positive diagnosis of tuberculosis, except after repeated and careful explorations, quite uncertain. The child's weight for its height and age, the shape of its chest, its posture, its complexion, etc., should all be given due consideration. If a cough is present this may be due to enlarged tonsils, but more probably to inflamed and enlarged bronchial glands, which are so frequently the site of the first lodgement in the body of the tubercle bacillus. Enlarged and indurated superficial glands, while possibly due to bad teeth, lues, or Hodgkins' disease, are, if persistent, probably due to tuberculous infection, and if so are easily treated.

Now it is easy to demonstrate the fact that in thousands of children infected with tuberculosis their true condition is not recognized. When they reach adult life, as most of them do, albeit more or less handicapped by the infection present in their early years, a certain large but undetermined percentage of them develop pulmonary tuberculosis. It is then quite evident that the golden opportunity to treat and cure these cases has passed. Dr. Hess, the director of the Farmingdale Preventorium, believes that practically all cases of tuberculosis have been infected with the disease before two years of age, and that if babies could be removed from their tubercular mothers immediately after birth and kept away from them, and all tubercular people, for two years, such babies would not develop tuberculosis in after life. Of course, this all sounds rather startling. We all think that we have seen cases in which adults have contracted the disease after exposure to the infection. On the other hand, there is an immense amount of proof that the average adult is, generally speaking, immune against tubercular infection. And the belief is constantly growing that tuberculosis is only developed in the human body after an incubation period of years, and that so-called acute miliary tuberculosis, for example, is never a primary form of the disease, as we used to believe. While the Bang system of segregation has eradicated tuberculosis from herds of cattle, we cannot tell until the experiment has been tried on a somewhat extensive scale, that it might not prove equally efficacious in human beings. Naturally, if Dr. Hess's contention is well founded and he is, of course, only one of

many clinical observers who hold the view mentioned, our problem in the eradication of the great white plague is certainly simplified. Although it must be admitted that the carrying out of the scheme in an effective way calls for an expenditure of resources almost beyond our imagination. Still we shall never conquer this destroyer of our race until we fully understand the magnitude and scope of the problem before us; and this paper is written chiefly as a humble contribution to the problem of how best to discover and handle as many cases of tuberculosis as possible, and what steps we, as physician and philanthropists, should take to hasten the consummation of the good work.

My own belief is that every child born into the world should be weighed and measured; its teeth, bones, special senses, etc., carefully examined, and generally speaking, the child should be submitted to the Wassermann or luetic test as well as to the von Pirquet or subcutaneous tuberculin test. The feces, urine, blood and saliva, should also be examined and the child's rate of growth, consumption of food, etc., should be ascertained. In short the infant should be tested out just as an automobile or a ship is tested before it is pronounced perfectly sound. And whatever defects, if any, are noted should be rigidly inquired into and if possible rectified in their incipency. We may not be able to add a cubit to our stature by taking thought after we have reached adult life, but we can certainly accomplish wonders in improving the physique, health, beauty and efficiency, both mental and bodily, of our children, by taking thought at the right time. And there is no question that as physicians we shall soon be called upon not alone to prevent disease, malformation and improper development in growing children, but to give such advice and direction as will insure a better, stronger, and healthier race of men and women than the world has seen since the days of the ancient Greeks.

Just at this writing, it would seem that the clinicians and research workers who are fighting tuberculosis are doing more than any other class of workers to improve the human race. We must not wait for the tubercular patient to come to us for treatment; we must seek him out and teach him that every sin against his body tends to put him in a condition where the tubercular infection, which he already harbors in his system will crop out and begin its deadly work. Everyone should be warned to keep his or

her weight at or near the normal. Obesity, while not so inimical to recovery from tuberculosis as emaciation, is by no means a favorable condition in this disease; the popular belief to the contrary notwithstanding. Hence children and adults should be regularly weighed and measured and any excess or deficiency in bodily weight should be so far as possible rectified.

In the von Pirquet tuberculin test in children up to three years of age and in the subcutaneous test in all human beings over that age, we have a nearly absolute diagnostic test for the presence of active tuberculosis. One of these tests, as already intimated, should be tried in every case that presents any suspicious symptoms whatever. If the test is positive, tuberculin treatment should be begun at once. Tuberculin, moreover, if properly used, not only affords the almost absolute diagnosis in incipient cases, but in such cases by its use in the hands of an expert a cure can, generally speaking, be guaranteed if the surroundings of the patient are reasonably favorable and if the patient and his friends will heartily co-operate with the physician in carrying out the details of the treatment.

The success of the Bang treatment in eradicating tuberculosis from a herd of cattle has already been adverted to in this paper. It is perhaps needless to remind you that the subcutaneous tuberculin test is absolute in cattle. It is not so generally known, however, that many young cattle recover spontaneously from tuberculosis. Efforts, however, to immunize them by attenuated cultures of human or bovine tubercle bacilli have not so far been successful, at least to any marked degree. Further experiments, however, carried out upon similar lines, are urgently needed. Professor Theobald Smith informed the writer that he intended to institute such experiments in the Rockefeller experimental station at Princeton. He recommends that in the treatment of tuberculosis with tuberculin, reliance be not entirely placed upon O. T. (Koch's old tuberculin). This point is mentioned here to show how extremely careful one should be in using any form of tuberculin. Some operators prefer the O. T., others the T. R. and still others the B. E. A consideration of the merits of these and other preparations of tuberculin would take up too much of our space at this time. In point of fact the choice of the best form of tuberculin is largely optional with the operator and the results depend chiefly upon his judgment and skill. A plowboy cannot be ex-

pected to run a steam engine successfully nor a woodchopper to play a church organ. It takes much technical skill as well as extensive reading and trained judgment to use tuberculin properly. Eminent practitioners and good clinicians have turned away from tuberculin treatment with sorrow and disappointment. They had set out to build their tower without counting the cost. It takes a man with the proper temperament as well as the necessary skill and experience to use tuberculin successfully. Nor should anyone expect a half-fed worker in an unwholesome trade, who is an excessive user of tobacco and spirits, to prosper under tuberculin treatment. Nothing must be left undone to place the patient in the most favorable position, mentally, morally and physically during his whole treatment, if a favorable result is to be expected.

Klebs says tuberculin (properly used of course), will do no one harm who is well fed. Lowenstein saw 20,000 single injections of tuberculin without a bad result or a single death. And Beck states that in Koch's Institute for Infectious Diseases at Berlin during a limited period, 2,508 cases received tuberculin treatment and no inconvenience or bad results were observed.

Having then this admirable diagnostic agent and this invaluable method of treatment, why do we delay, linger and wait before putting it into use? Pottenger has used it twenty-five years and told the writer, only last week, that he has not discontinued its use. Von Ruck, Longstreet Taylor, Solis-Cohen, and our own Doctors Twinch, Gray Scheppach and Banks have not lost their interest or enthusiasm in this method of treatment, as their experience and knowledge have increased. Personally, I am free to say that I look upon Dr. Ellis Bonime, who has perfected and amplified the treatment of tuberculosis by tuberculin and vaccines, as a genius and a man whose name will be revered in the annals of medicine when his detractors have been forgotten.

The first three questions in the published synopsis of my paper have been measurably answered in the context:

Tuberculin is unquestionably the best test for the early diagnosis of tuberculosis.

In the writer's opinion it should always be used in the treatment of cases of tuberculosis which are not so far advanced that tuberculin may be actually harmful, owing to the fact that the body cells are so completely exhausted that they can no longer respond to the stimulus of the inject-

ed tuberculin, and cannot throw out the antibodies which finally overcome the infection from the tubercle bacilli already present in the body.

In a lecture before the Orange Mountain Medical Society May 18th, 1917, Prof. Richard Weil advised the use of tuberculin, saying that it is not a poison, that it immunizes the cells to the toxins of the tubercle bacillus, and although it does not and can not produce absolute immunity against the disease, it places the patient in the most advantageous position to withstand the infection.

If then for the sake of argument we admit that tuberculin, properly administered, is an invaluable aid in the war against tuberculosis, is there any prospect that it can be so generally employed as to reach even a small percentage of those infected with the disease?

There seems to be no efficient method of accomplishing this except by the general establishment of tuberculin dispensaries all over the country in the proportion of one dispensary to every 30,000 inhabitants. Most encouraging reports are received from England and Germany regarding the good results of dispensaries that have been established in those countries. Simon in his well-known work on Infection and Immunity (page 213), in speaking of the general treatment of tuberculosis by tuberculin states that "The treatment with old, followed by new, tuberculin was mostly used in advanced cases and seems to have furnished the best results as gauged by the disappearance of the bacilli in thirty-eight of sixty-nine cases, i.e., in 55.07%. Considering the advanced character of the lesions in these individuals this is indeed quite remarkable."

"If we contrast these findings with the results of a purely expectant (sc. hygienic-dietetic) plan of treatment, where only 20% of the cases show loss of bacilli, no further argument in favor of the tuberculin treatment is required."

He goes on to state: "Of late systematic efforts have been made to improve the hygienic condition of the tubercular poor, and to give these also the benefit of the tuberculin treatment when living in their own homes." "As a consequence, the outlook for these unfortunates has been materially improved. Frederich thus records that of 700 cases of early tuberculosis that were treated in this manner the disease was arrested or the patients much improved in 51 per cent. of the cases. Similar results have been reported from other sources."

That over half of the cases of tuberculosis (taken we will assume by and large) should have been arrested or much improved by any method of treatment is a better showing, so far as the writer knows, than has ever been made by any sanatorium. That is in institutions where the patients have been properly followed up. And as all sanatoria select their cases with considerable care, rejecting in some instances, as Dr. Trudeau tells us in his delightful autobiography five-sixths of all the applicants, their figures must be judged accordingly, and inasmuch as they claim only one-third of arrests in all their cases, the advantage of using tuberculin seems indisputable, as Simon said in the passage just quoted.

The enormous amount of good which the sanatoria have accomplished in showing that tuberculosis is curable, as none believed fifty years ago, we thankfully acknowledge. That, however, a large percentage of consumptives cannot possibly have the advantage of sanatorium treatment is but too obvious. The general plan of tuberculin dispensaries with good follow up work, the systematic testing of practically all children for the detection of tuberculous infection and the training of a large corps of tuberculin experts and good and efficient nurses for follow up work have at last brought within sight the conquest of the great white plague.

DISCUSSION.

Dr. Berth. S. Pollak, Jersey City: I would like to say just a few things concerning the use of tuberculin and the matters in relation to the use of tuberculin brought to our consideration in the able paper of Dr. Newton's. I want to say that a large experience with tuberculin used for a period of five years on extensive clinic materials, both in the sanatorium in conjunction with our clinic work, warrants me to say without any hesitation that the subcutaneous tests do not show active tuberculous lesions, they merely indicate the fact that the individual tested has been infected with tuberculosis; and furthermore, if we understand tuberculous infection and tuberculous disease we will comprehend more clearly than we do now the results of our subcutaneous tuberculin tests. Almost everyone after the age of five, will respond to the subcutaneous test if it is properly administered; but I do not want to be misunderstood and do not desire to minimize the importance of these tests. We have great confidence in the Von Pirquet subcutaneous tests. It is a most scientific agency in determining infection in infants and children at an early age.

All of those who have been in tuberculosis work have used tuberculin and have seen results. I well remember a man with chronic rheumatism, who for years had been obliged to use his crutches, and who after a seance

with a clairvoyant, discarded them, and for a long period was able to walk without such crutches. I wonder whether our tuberculin results do not at times come within the scope of the above cited case. As to the psychology of tuberculin, I am willing to admit it is one of the most important psychological agencies in the treatment of tuberculosis.

We have been at the Polyclinic and have seen Dr. Bonninie and know of his graduated scale of giving tuberculin, and we ourselves are using his method and have been using it for two years; but his cases are mostly surgical, while our work is mostly among the cases of pulmonary tuberculosis. Dr. Newton's cases were all primary cases; he is not handling the advanced pulmonary type. We have tried tuberculin in hundreds of cases without results whatever.

Now it does happen that in the treatment of tuberculosis some cases are improved after the use of tuberculin, but it might be as Prof. Vaughan said last night; aside from that the combined mixture of tuberculin and vaccines, which are credited with such beneficial results, remind us of the "pop-gun" prescriptions, mentioned by the late Prof. H. C. Wood, and when we speak of mixed infection, isn't it more likely, Dr. Newton, that Prof. Vaughan's theory is correct and the higher temperature reached are due to the presence of proteins that are being developed.

Just one more thing—I have seen tuberculosis of the knee; I have had cases of costal tuberculosis; I have had cases of skin tuberculosis, succumb on the one hand to tuberculin, and on the other, I have seen the most wonderful results on the worst type of such cases by simply exposing them to the rays of the sun.

Finally I am free to confess that my results have not been as effective as the results obtained by some of the gentlemen present; hence my enthusiasm has waned.

Dr. S. B. English, Glen Gardner: We can all remember the experiment a few years ago in which a number of regiments in the Prussian army were injected with tuberculin. They were all well, able-bodied, strong, marching soldiers, the finest of Prussia. Out of that whole number injected, 60 per cent. re-acted to subcutaneous injections of tuberculin, given for diagnostic purposes. They remained in the army, fought their battles and made good soldiers. They were, undoubtedly, made aware that they had inactive tuberculosis as no man having active tuberculosis will fight our battles. There is no question in my mind why patients receiving tuberculin in minimum doses should not do better than those patients not receiving it. The physician's interest in the patient is increased, he is seen more often and is dealt with more in detail than the patient not receiving this form of treatment.

For sometime at the sanatorium we gave a number of our patients small doses of tuberculin and others sterile water. As many patients receiving sterile water had what they thought to be re-action as those receiving tuberculin. One young chap, in particular, whose father was one of the judges in our courts, became imbued with the idea that the tuberculin he was receiving was doing him harm. After talking the matter over with the doctor and not having the remedy discontinued, he went home to see his father about the mat-

ter and the latter requested its discontinuance. As a matter of fact, this boy had never had any tuberculin, but had been all the time receiving a teaspoonful of sterile water.

Personally, I have never seen any benefit from the administration of tuberculin in pulmonary disease. It does appear, however, in localized lesions, such as disease of the kidneys, laryngeal disease or adenitis, we do derive benefit. Dr. Newton is of the opinion that most of us are biased in our opinions and will not give the remedy a fair trial. I have just noticed the report from the Adirondack Cottage Sanatorium. Undoubtedly, more work has been done with tuberculin in that institution than any other in the country, and they report for the year passed, but eleven cases that received the remedy and those only after a request from the patient.

Dr. Marcus W. Newcomb, Brown Mills: What is the best test for an early diagnosis of tuberculosis? I think the best test is your history, symptoms and physical signs; but I do not think that we pay enough attention to the symptoms which the patients complain of. If a patient gives you the symptoms of incipient tuberculosis, and you make a chest examination and say that you cannot find any lesion there. You tell the patient that there is nothing wrong with his or her lungs and give a clean bill of health as far as tuberculosis is concerned. You have simply thrown the symptoms of tuberculosis out and have depended on your physical signs. We must pay more attention to the history and symptoms of the patient.

Should we use tuberculin in diagnosis and treatment? The Von Pirque test is almost a specific for diagnosis in children under six or eight years of age; over this age it amounts to but very little. As far as a hypodermic injection of one milligram of old tuberculin for diagnosis is concerned I do not use it. I would not let any one give me a diagnostic dose of old tuberculin, but would say consider me as a tubercular case and treat me for same. I have seen a number of cases lighted up and made to run a very rapid course from a diagnostic dose of tuberculin.

Do cases of tuberculosis as a rule receive the best treatment? I should say that some of them do after the diagnosis is made. The trouble is that a lot of them are not diagnosed until they have a positive sputum or are an advanced case. You can often tell by the looks of them when they walk in your office that they are tubercular. The only way to get these incipient cases is to make a systematic chest examination of every patient that comes to you, whether he complains of indigestion, toothache, or what not. Strip the chest to the waist as you cannot tell what his or her condition is by examining through all the clothing. If the patient is not willing to be stripped I would refuse to treat him.

Dr. Ralph H. Hunt, East Orange: I heartily agree with the remarks of Dr. Pollak. In an experience extending over some fifteen years I have yet to see the remarkable results accredited to the giving of tuberculin. Always the most favorable results are in that class of cases where we expect and get the best results without tuberculin. All know this class of cases and we all get good results with the well recognized and well-tried safe methods. In advanced pulmonary tuberculosis I feel that one is deal-

ing with a dangerous weapon if he uses tuberculin. It has been my experience to see a number of cases go to the bad rapidly as a result of the use of tuberculin. As we see it the use of tuberculin in pulmonary tuberculosis is growing less and less both in sanatoria and in private practice.

You all heard what Dr. Vaughan said on this subject last night, and you heard Dr. Minor's remarks in his answer to my question. My own belief is that we should go mighty slow in treating tuberculosis with tuberculin, especially where there are any evidences of activity in a given case.

Clinical Reports.

Meningococcus Meningitis in the New Born.

Dr. D. J. Milton Miller, Atlantic City, reported this case at the annual meeting of the American Pediatric Society, May, 1917:

The onset began at the age of two weeks with a conjunctivitis, mistakenly regarded as gonorrheal. A bullous eruption appeared in the second week. There followed a prolonged latent period, the symptoms of meningitis not appearing until the fourth week. The spinal fluid was of a peculiar character, gelatinizing at once upon withdrawal. This condition of xanthochromia and massive coagulation was very uncommon in meningococcus meningitis, according to Kolmer. There were during the course of the disease ten punctures of the fontanel without apparent ill effect beyond vomiting. There were in all 260 c.c. of serum introduced without any sign of serum disease. There was an apparent improvement after the tenth injection of serum, with a subsequent return of the symptoms and death.

An Anomaly of the First Rib.

Drs. Clerc, Didier and Babrie, in Bulletin de l'Academie de Medecine, report the case of a man of thirty-one years exhibiting a swelling below the left clavicle, with slight functional inefficiency of the left arm dating back to childhood, and neuralgic pains implying pressure on the brachial plexus. A cervical rib was suspected but x-ray examination showed a long, thin rod of bone passing obliquely outward from the spinal column and terminating behind the middle of the clavicle. This bone, though straight, was attached to the first dorsal vertebra and, as the operation showed, was fixed at its anterior point to the second rib by fibrous tissue and small mass of muscle tissue. The case is held to show that it is frequently impossible for the practitioner to distinguish a cervical rib from a first rib anomaly, the pressure disturbance being the same. Even x-ray examination is not always sufficient. Operative treatment is, however, indicated in either case.

Renal Diabetes.

Dr. C. V. Bailey reported this case at a meeting of the N. Y. Academy of Medicine October 17, 1916:

He stated that the family history of the patient was negative, though she was nervous and had always been in poor health from infancy. The urine had always had an irritating effect on the skin and mucous membranes

of the genitals. She had had the ordinary diseases of childhood. She suffered from indigestion and a severe urticaria was induced by eating fish. The sting of a bee was exceedingly poisonous to her. On one occasion she almost died from the effect of a sting, becoming edematous and almost pulseless. The patient had consulted him because of diabetes during pregnancy. Dr. Bailey said he had tried to render this patient sugar free by putting her on the von Noorden treatment. On this treatment she lost three or four pounds a day and could only stand the treatment for three or four days when she had to return to her ordinary diet in order to build up. Physical examination showed that she was a poorly nourished woman, with enteroptosis and a slight enlargement of the thyroid gland. The urine had a specific gravity of 1047, traces of albumin, a few granular casts, and 5 per cent. sugar. On the morning of August 3, she was put on the starvation diet. On this diet the specific gravity rose to 1089, and the sugar was reduced to 1 per cent. When she was taken off this diet the sugar increased to from 3 to 6 per cent. On August 6, the blood was sugar free and the urine showed 2.1 per cent. sugar before breakfast. The patient was given 30 grams of glucose and the blood was taken for examination every fifteen minutes for six hours. The sugar in the blood went up in the course of one and one-half hours and was reduced to normal in two and one-half hours. It reached as high as 7 per cent, and then fell away. The patient left the hospital and returned to her normal diet. She was delivered of a healthy baby, which died of whooping cough at the age of four months. This woman was apparently in good health when examined last week and was able to do hard work. The blood sugar had returned to 0.1 per cent. and the urinary content was 6 per cent. The patient was never rendered sugar free, but her carbohydrate metabolism seemed normal.

Addison's Disease in a Girl of 13.

The rarity of this disease in young people gives interest to this case reported by Dr. J. Comby in Archives de Med. des Enfants:

A girl, aged 13 years, was admitted to hospital. She was the only child of a healthy mother, but her father had diet of phthisis 8 years previously. She had been apparently healthy till about 7 weeks before admission, when she bathed in a river during menstrual period. Menstruation ceased, a rigor followed, and since that time her strength had gradually failed. The skin of the whole body was of a deep bronze color resembling that of a Hindoo. The face had a peculiar livid color, the lips were very dark, and the nipples and their areolae were absolutely black. Other parts of the body showed irregular darker patches. This pigmentation had gradually appeared but was of recent date. The patient complained of extreme weakness, which prevented her from assuming the erect or even the sitting posture. She complained of want of appetite and repeated spontaneous vomiting. The pulse was rapid, small and almost imperceptible at the wrist, while the lowering of arterial tension was evident. There were no pulmonary symptoms and she slept well and replied intelligently to questions.

On admission the temperature was normal, but after a week it rose gradually to 100 degrees, falling to normal in the morning. During the day preceding death (a fortnight after admission) it remained about 99 degrees, continuing at this level till the evening of the following day, when it rapidly rose to 102.5 immediately before death, which occurred suddenly.

She was treated without apparent benefit by adrenalin chloride in doses of 5 drops twice daily, the amount being increased later to 7, and ultimately to 10 drops. The necropsy showed general adhesion of the pleurae to the chest wall, evidently of old standing, but no tubercles were seen in the lungs, either on the surface or on the section. The bronchial glands were intact and, contrary to rule, there was no tuberculosis of the mediastinal glands. The right suprarenal capsule was much enlarged nodular and softened. On section a caseopurulent fluid escaped, and it was impossible to distinguish any normal tissue. The kidney of the same side showed several yellowish tubercles. The left suprarenal was enlarged, but less so than the right. It contained numerous yellow tuberculous granulations, but there was no suppuration. The left kidney also presented some scattered tubercles.

County Medical Societies' Reports

BERGEN COUNTY.

Frederick S. Hallett, M. D., Reporter.

The Bergen County Medical Society held its regular monthly meeting September 11, at 8.30 P. M., at the Union League Club, Hackensack. The president, Dr. Joseph Payne, occupied the chair; 22 members and several guests were present.

Dr. William P. Ahern of Grantwood was elected to membership.

The scientific program consisted of a paper on "The X-ray Diagnosis of Surgical Lesions of the Gastro-intestinal Tract," presented by Dr. Jacob Roemer of Paterson, N. J. It was illustrated by several stereopticon slides.

The paper was discussed by Dr. William Spickers of Paterson and several members of the society.

MIDDLESEX COUNTY.

The Middlesex County Medical Society greatly enjoyed the annual reception given by Dr. F. M. Donohue and wife at their beautiful summer home—Cedarcrest—on September 20. President Hofer occupied the chair at the business meeting which preceded the social function. About 40 members and 15 guests were present.

All were glad to welcome Drs. T. W. Harvey, acting president, and T. N. Gray, secretary of the State Society. Among the guests were Drs. J. F. Hagerty and A. A. Strasser of Essex; Drs. C. R. P. Fisher, A. L. Stillwell and J. H. Cooper of Somerset, and Drs. B. V. D. and E. W. Hedges of Union County.

Dr. Irving E. Cronk of New Brunswick was elected a member.

Discussions took place on Medical Defense and the care of the practice of doctors absent in the service of our country.

Bountiful refreshments were served and the

occasion—as in former years at Cedarcrest—was one that will linger in the memories of those present.

MORRIS COUNTY.

E. Moore Fisher, M. D., Reporter.

The Morris County Medical Society held its annual meeting at the New Jersey State Hospital at Morris Plains on September 11, 1917. The members were the guests of the board of managers and medical director of the institution.

The society was invited to be present at the Patients' Grand Annual Field Day during the afternoon and a good many of the members of the society availed themselves of the invitation. After dinner, which was served at the hospital, the meeting was called to order by Dr. Clifford Mills, who presided in the absence of Lieut. L. K. Henschel, M. D., whose military duties did not allow him to be present.

Dr. Frank F. Bird of Netcong, Dr. George B. Landers, superintendent of Morristown Memorial Hospital and Dr. H. D. McCormack of Kenil, were elected to membership.

The following officers were elected: Dr. Clifford Mills of Morristown, president; Dr. Harris Day of Chester, vice-president; Dr. H. W. Kice, Wharton, re-elected secretary, and Dr. James Douglas, Morristown, re-elected treasurer. Dr. E. Moore Fisher was re-elected reporter and Drs. William F. Costello and Francis H. Glazebrook were re-elected members of the Executive Committee. Dr. Clifford Mills, Dr. Costello and Dr. F. E. Knowles were elected delegates to the meeting of the State Medical Society and Drs. Kice, J. W. Farrow of Dover and George H. Foster of Rockaway were elected alternate delegates.

Dr. Evans, medical director, in an address of welcome said that the society should realize that the managers were always glad to have them meet at the hospital and he, himself, was only too pleased to see them again and have the pleasure of their company; that the practicing physicians must always aid in making known the conditions present in the institution to the public as they are frequently called upon to advise relatives as to where a patient might be most suitably cared for; he felt certain that their frequent visits to the institution would be of much value in forming an opinion as to how patients can be taken care of there.

Major David A. Kraker, M. D., president of the Examining Board for Physicians for the Army, in New Jersey, was asked by the chairman to make a few remarks. He said that while it was true that in proportion the number of practitioners in New Jersey was more than from any other State, more doctors were needed to take care of the million and a half of men who soon would be in training. That at least fifteen thousands doctors were needed and that twelve thousand had now responded; that the other three thousand would have to be obtained by October 1st and if more men were trained more physicians would be needed after that time; he realized that medical men made large sacrifices in leaving their practices to accept army appointments but he felt certain that if there were not enough volunteers the remaining quantity needed would be obtained in other ways he hoped that compulsion would never be necessary to obtain the services of medical men; the old men should stand ready

to assure the younger men that they would care for their practices while they were absent.

Lieutenant Colonel Schaufler, M. D., president of the State Medical Society, had written expressing his regret that he was unable to be present at this meeting. Dr. Thomas W. Harvey, vice-president, was able to be present and made an address on "Medical Economics." In his paper the doctor said he felt sure that legislation soon would be introduced to provide old age pensions and life insurance. The doctor thought that in the past physicians had generally been imposed upon in any legislation that was enacted where doctors were concerned; that the only way to obviate this was to elect doctors to the Legislature and to see that legislative committees from State and county societies were composed of first-class men who were willing to make the views of the profession known to the members of the Legislature; that in the countries where life insurance was in force all persons who received less than a certain salary received medical attention and the commissioners appointed by law determined what recompense shall be paid; the points that were necessary to consider were whether the physicians should be paid by the group or for each individual; whether a man would be able to treat these cases and also do a consultation practice or dispensary work, and whether the patient should pick the physician he wished to employ or whether they should be picked by the commission who determined the compensation; where such laws have been enforced the doctor who does this work, while not receiving such large fees, is certain of a more or less fixed salary; if this comes about it is more than likely that hospital staffs in general will be paid men; it has been demonstrated that salaried physicians, as a rule, do not bring out as good men as are now found on unpaid hospital staffs; that paid physicians are more or less controlled by politics and the man who spends his time in reading medical literature is not so likely to be pleasing to those who may have the appointing power as others who spend their time discussing political issues. The doctor thought that in medicine team work was necessary now; that several physicians should work together so that the patient could have the benefit of a complete examination; that a laboratory technician should be included in the team who would make these examinations that were necessary. The discussion was opened by Dr. Walter B. Johnson, ex-president of the State Society, who said that he thought the physicians had suffered from the operation of the Workmen's Compensation Act as he had noticed where persons were treated in the hospital the whole amount allowed for the treatment was claimed by the hospital and the fact that this had been claimed so frequently had induced the Legislature to cut the amount provided for the first two week's treatment in half; that it is difficult to draw the line between those who need help and those who are able to pay and generally the doctor is the one who suffers when this line cannot be drawn. Dr. Harvey in closing, said that some of the points which need attention if a commission were appointed to handle this matter was as to who should prepare and publish the panels of doctors who should take this work and should all regular practicing physicians be placed on such panels; should the sick have the right to pick each

physicians they need and as all such needs mean a certain amount of bargaining should the doctors do this individually or through the medical society. (This paper has been promised for publication in the Journal).

A vote of thanks was tendered to the board of managers and the medical director for the courtesy of the invitation to the society to meet at the hospital and also to Dr. Harvey for his address.

Among the visitors present were Dr. Walter B. Johnson, Paterson; Maj. David A. Kraker, M. D., Newark; Dr. W. S. Applegate, Parsippany; Dr. Henry M. O'Reilly, Summit; and Drs. Collins and Donnet of the hospital staff; Lieut. Franklyn C. Young, M. D., of the U. S. A., and Dr. J. A. Campbell, New York City.

Meeting of July 20th.

At the request of the managers of the institution the members of the Morris County Medical Society on July 20, 1917, made an inspection of the grounds and buildings of the Morris County Hospital for persons suffering from tuberculosis.

The hospital is situated in the hills about four miles northwesterly from Morristown and the location was selected as the most suitable after many sites throughout the county had been visited. It was opened for patients May 26, 1914. It stands so high that breezes nearly always blow through its wards and solariums in such a way as to be health restoring to those who need to be cared for there. As originally built there is accommodation for twenty-four patients together with a superintendent, the necessary nurses, maids and other employees. Recently the Board of Chosen Freeholders of Morris County, because of the number of patients requiring treatment, were convinced that additional accommodations were necessary and appropriated a sum to add to and improve the buildings they had already provided and, in addition, build a nurses' home, a garage, and a sterilization room in connection with the laundry. After the contemplated improvements are completed accommodation will be provided for about fifty patients. The results of treatment so far have been very encouraging, though few incipient cases have been treated; arrested development of the disease is the rule in those who have been at the hospital.

The present hospital buildings consist of a brick central building with two lean-to of wood. On the lower floor of the central building is the superintendent's room, dining rooms for nurses and ambulance cases and a ward for the more advanced cases in men. The second floor contains the ward for advanced cases in women and sleeping quarters for nurses. The third floor is used for employees' sleeping quarters and store rooms. It is proposed to change the part of the second floor used by nurses and all of the third floor so that patients can be accommodated throughout this building.

The lean-to buildings used by the ambulant cases are furnished with necessary sanitary equipment and each has a large assembly room and library for the use of any who care for reading, music or the society of others.

The doctors of Morris County who worked to acquire this hospital may well feel proud of it. The situation is ideal and the way the pa-

tients are treated and cared for is admirable in every respect. Dr. H. A. Henriques of Morristown is president of the Board of Directors and Dr. A. E. Carpenter of Boonton is the other medical member.

Dr. Samuel C. Haven of Morristown, the attending physician, explained the methods of treatment, the charts kept showing the progress of the disease and the examinations made in each case. The methods used are the most recent that have been found satisfactory in larger hospitals of similar character and are adapted to the individual patient.

There is no doubt that this hospital was a necessity and has been the means of helping many who could not have been so well cared for elsewhere and has done a large part in preventing the spread of tuberculosis because of isolation and the teaching of hygienic living and sanitary law of infected sputum. That the good work is appreciated and will be continued is proven by the fact that the necessary appropriation for enlargement and improvement was forthcoming as soon as the demand was clearly apparent.

Local Medical Societies.

Clinical Society of the Oranges.

Walter B. Mount, M. D., Secretary.

A regular meeting of the Clinical Society of the Oranges was held on Monday evening, September 10, 1917, at the home of Dr. Ringland in Montclair. Members present: Drs. McCroskery, McLellan, Mount, Muta, Ringland, Seidler, Smith and Warner. Dr. Smith and others gave interesting accounts of their experiences on the exemption board of East Orange.

The meeting was called to order at 10 P. M. with Dr. McLellan in the chair. It was resolved that the society request the members away in the government service to appoint some member of the society at home to act as proxy. A letter from Dr. Buvinger was read. Three of the members were on active service in the Medical Officers' Reserve Corps of the army; Dr. Adams was stationed at Syracuse, N. Y.; Dr. Buvinger at Fort Riley, Kansas, and Dr. Riggins at Fort Oglethorpe, Georgia.

Dr. Smith reported a case of an old woman with chronic arthritis, intermittent fever from 99 to 102, an old chronic nephritis, a fibroid of the uterus, arteriosclerosis, a mitral insufficiency and an intestinal infection, with a blood count of 18,000, who died with a hypostatic pneumonia.

This patient's daughter, aged 32, was in good physical condition and looked the picture of health. Her mother's death was expected and seemed to be no shock to her, but 36 hours after this event she became acutely ill with vomiting and diarrhoea and fainted several times. On the next day she looked bad, was ashy white, had a pulse of 92 and a blood pressure of 110 systolic. There had been very severe vomiting and 8 to 10 diarrhoeal stools the night before. The heart sounds were good. There was much epigastric pain, and an involuntary spasm; the muscles seemed to knot up; the abdomen and the legs were rigid; she seemed to be holding herself rigid, and begged not to have the abdomen touched; said that

she held herself rigid and was afraid to relax on account of the pain. When the pain gave her brief respite she was cheerful. The picture suggested haemorrhage. There was no blood in the vomitus or in the stools. Five and a half hours later in response to a hurry call Dr. Warner found her pulseless with dilated pupils. Adrenalin was injected but she died promptly. The certificate was signed acute dilation of the heart. An embolus was thought of.

Dr. Mount reported the case of a young man who was brought in the ambulance in marked shock, with an ashen color, a very poor pulse, severe general pains, worst in the arms, nausea, general abdominal tenderness and slight rigidity, slight fever, and a blood count of 48,000. He had eaten some peculiar mixture of foods three days before. After free catharsis he recovered entirely in a few days. There was no eosinophilia.

Dr. Muta reported a case of sudden death in a machinist of 200 pounds and 6 feet 2 inches tall, who went to work feeling well, started to lift a motor and fell over dead. Autopsy revealed nothing and the county physician called the case heat stroke. The man had been drinking much ice water and was working in a hot room. There was no possibility of an electric shock.

Dr. Muta reported a case of double uterus in a girl who was operated on for acute appendicitis. On vaginal examination it was thought that the tubes were enlarged and gonococci were found in the smear. A complete double uterus existed, the two horns having been mistaken for enlarged tubes.

Dr. Smith reported a case of multiple fibroids of the uterus in a colored woman where the diagnosis had been strangulated hernia. For three days mucus and blood had been passed in the stools, the temperature was 103, and there was a hard irreducible mass in the left inguinal region which was said to have been reducible until a short while before.

Dr. McCroskery reported a case of lues in a man who was very nervous, had had a long, stormy neurasthenia, and seemed to show nothing else, but he had a sore throat, and with the mirror a patch was seen behind the soft palate. The Wassermann was 4 plus.

Dr. Mount reported a case of strangulated hernia in a woman of 80. She had been having fecal vomiting for four days but the physician had not examined for hernia.

Dr. McCroskery reported a case of ulcerated carcinoma of the breast in an old lady who had been treated for some time by the use of two mixtures, one used locally and one taken internally, and who had been informed that the trouble was a muscular sprain.

Dr. Seidler reported a case of persistent occiput posterior delivered by forceps.

Dr. Seidler also reported a case of pneumonia in a young man of 24. He had had a severe acute posterior urethritis which was finally cured by applications of 2% silver nitrate through the endoscope. A marked phimosis had made treatment difficult, and for this reason and because he expected to enter the aviation service, a circumcision was recommended after his cure. Local anesthesia was suggested but the family preferred a general anesthetic. One of the hospital anesthetists gave gas and ether and the operation lasted 8 minutes. That night the temperature was 102 and the respira-

tions 40, the next day the temperature was 104 and the blood count 20,000, and that night suppressed breathing of the base suggested a pneumonia. He was worse the next day, when bronchial breathing was heard. There was no sputum at any time, but a hard dry cough. There was profound toxemia. Extension of the lesion occurred twice. The fourth group of the pneumococcus was found by examining some mucus on the stomach tube which was passed once to relieve gastric distension. Digipuratum was given intravenously. Twice phlebotomy tided him over. He died on the 7th day.

Dr. Smith reported a case of persistent occiput posterior which could not be rotated in a deformed pelvis.

Dr. Muta reported a case of labor where the placenta was retained for two hours, during which time the uterus was hard in one part and soft in another, suggesting an hour-glass or partial contraction.

Dr. Warner reported a case of complete inversion of the uterus in a woman who had been delivered by a midwife. The uterus was replaced, and an uneventful recovery ensued.

Summit Medical Society.

William J. Lamson, M. D., Secretary.

The annual meeting of the Summit Medical Society was held at the Highland Club on Friday, September 28, 1917, at 8.30 P. M., Dr. Jones entertaining and Dr. Eebout in the chair.

Present: Drs. Baker, Febout, Bowles, Campbell, English, Jaquith, Jones, Keeney, Lamson, Meigh, Moister, Morris, Smalley and Wolfe, and the following guests: Drs. Tator and O'Reilly of Summit, Drs. Becker, Lewis and Douglass of Morristown, and Dr. Kay of Peapack and Dr. Ross of Bernardsville.

The treasurer's report of the year was read by the Secretary. Dr. Lamson was re-elected secretary for the ensuing year.

Dr. Krauss proposed an amendment to the by-laws, increasing the membership from 22 to 25. This was seconded by Dr. Keeney, and will be acted on at a subsequent meeting.

The paper of the evening was read by Dr. Thomas W. Harvey of Orange, acting president of the State Medical Society, on "Medical Economics." The paper dealt with the subject of Compulsory Health Insurance, which the essayist felt was coming inevitably in this country within a short time. The problems to be solved are very complex, and it behooves the medical profession to give the matter serious consideration, so that their rights may be protected as far as possible.

The essayist discussed various phases of the question, its advantages and disadvantages both to the insured and to the physician, and suggested that group team work, in private hospitals, might offset some of the hardships which it will bring to the profession.

Dr. Powles reported a case of a revolver-shot wound, in a boy of 12 years, the 32 bullet entering below the liver, penetrating the stomach wall, perforating the liver, and lodging in the retro-peritoneal space, whence it was extracted. The case, at the end of six days, is making a satisfactory recovery.

Adjournment, after which refreshments were served.

Every county and local society is requested to send early reports of meetings.

October Medical Meetings

Academy of Medicine—Northern New Jersey.

The stated meeting of the Academy will be held on Wednesday, October 17th, at 8.45 P. M. After the transaction of business the following paper will be read:

"Tuberculosis and War" by Edward S. McSweeney, M. D., medical expert on tuberculosis, N. Y. State Department of Health.

The Section on Medicine will meet on Tuesday, October 9th, at 8.45 P. M. Paper to be announced by postal card.

The Section on Eye, Ear, Nose and Throat will meet on Monday, October 22, at 8.45 P. M., when a paper will be read by Dr. John McCoy, surgeon of N. Y. Eye and Ear Infirmary.

The Section on Obstetrics and Gynecology will meet on Tuesday, October 23, at 8.45 P. M. Paper to be announced by postal card.

The Program Committee reports their inability to fully announce in advance the essayists and titles of papers on account of the number who are responding to "The Call of Our Country," and therefore they will announce on postal cards issued just prior to the meetings.

A few members of the council at the present time are in "service" with the strong probability of more to follow; the following action will be proposed at the stated meeting on Oct. 17th:

"Resolved, That the Council of the Academy of Medicine of Northern New Jersey be empowered to temporarily fill any vacancy in office caused by the absence of such officer in Our Country's Service.

"That the annual dues be remitted to all members of the Academy while in the service of the government."

Association of Military Surgeons.

The Association of Military Surgeons will hold its annual meeting in the Medical Officers' Training Camp at Fort Benjamin Harrison, near Indianapolis, Ind., October 8 to 10. Aside from the papers to be furnished by the program committee there will be much of interest to all physicians in the exhibition of the work of training of physicians to become medical officers which is going on at this camp. There will be displays of the organization and field work of regimental detachments, field hospitals and evacuation hospitals. Instead of the usual social diversions and receptions accompanying the meetings of the association, it is planned to have the evenings spent in the open about great camp fires with songs, vaudeville and talks by officers who have had service in the present war. For one evening a big barbecue is planned.

Civilian physicians will be welcome to attend the meetings and those bringing their own blankets or cots and mattresses can be accommodated with lodging and food in the camp at a cost of \$1 per day. The number of officers in the camp at this time, together with the visitors, will exceed 1,300.

Every Man's Debt to His Profession.—I hold every man a debtor to his profession from the which as men of course do seek to receive countenance and profit so ought they of duty to endeavor themselves by way of amends to be a help and ornament thereunto.—Bacon.

Miscellaneous Items.

Heredity and Cancer.—A committee of life insurance companies in co-operation with the American Society for the Control of Cancer in a recent investigation found from the records of a large life insurance company, that among 20,000 applicants for life insurance whose parents had both died of cancer only four had cancer. Out of 492 instances in which one or both parents had died of cancer 43 per cent. of the other parents had died of some other disease, 56 per cent. were living at the average age of 61 and less than 1 per cent.—four out of 492—had died from cancer.

Cancer of the Stomach.

Is cancer of the stomach on the increase? The Registrar-General's returns show that in 1897 the deaths from cancer of the stomach were: Males, 135 per 1,000,000; females, 123 per 1,000,000. In 1910 the figures were: Males, 185 per 1,000,000; females, 155 per 1,000,000. This represents an enormous increase, but it is a question how far it is real, how far only statistical. The problem of the increase of cancer, like that of the increase of insanity, is very complicated. How far more accurate diagnosis accounts for the increase in the cancer figures, how far the diminished mortality from tuberculosis, and the higher average of longevity react upon the incidence of cancer are questions of great interest.—*Lancet*.

Appendicitis in Prussia.

The Medizinische Klinik gives the statistics in regard to appendicitis in Prussia during 1913. While in 1912 there were 1,888 deaths in the various institutions, in 1913 the number was 2,185. Operative treatment was applied in 63.99 per cent. and 5.11 per cent. of the patients died. The mortality was only 3.47 per cent. among the women, and 5.61 per cent. among the men, but the mortality in the operative cases was 6.69 per cent. among the men and 3.86 per cent. of the women. About 56 per cent. of all the cases occurred in persons between the ages of 15 and 30. The mortality was highest in the elderly; 130 died of the 390 elderly patients given operative treatment, out of a total of 664 elderly patients.

Medicine and Mystery.—Medicine has cast off the veil of mystery which once covered her face and walks among men uncovered and unashamed. The days of "divine healers," Indian medicine fakers, and of Mrs. Winslow and Lydia Pinkham, are passing away. Some may say that these statements are contradicted by the wide prevalence of Christian Science, osteopathy and other cults. These are only the vagaries which have taken form in the delirium-racked brain of a fast dying superstition.—V. C. Vaughan, M. D., Science.

Diagnose the Patient.—Someone has said. "Treat the patient as well as his disease," and this might well be paraphrased: "Diagnose the patient as well as his disease." This cannot be done if we fail to study his mental as well as his physical reactions to his environment. If an individual's environment and his reactions to

it may have any bearing whatever on his present illness, then to be of the greatest value in diagnosis his personal history must be investigated from every point of view. The same may be said of his family history, the history of the present illness and of the physical examination. It is through these avenues of investigation, watching his step at every turn, that the physician must pass on his way toward accuracy in clinical diagnosis.—Dr. W. W. Graves in a paper in the Missouri State Journal.

The Aim of Medical Science.—Of all the sciences, medicine has always worked and studied that the lot of man might be easier—that the diseases which threatened the human race might be checked that inhospitable climes might be made fit for human abode. But of all the sciences medicine alone has never had as its goal the discovery of agents for the destruction of man. We have never prostituted our mighty enginery to the destruction even of an enemy. This is, indeed, a glorious heritage and one we must not lose sight of.—James M. Putnam, M. D.

The Heritage of the Profession.—We are a curious mixture of heredity and environment—a curious blend of optimism and pessimism. Our heritage is a glorious one, for we present an unbroken line of professional workers with one ideal which was old before the Christian era. From the time Hippocrates taught his disciples at Cos to the present, the one great idea, the one great controlling thought, has been to find the truth, and, having found it, to use it for the benefit of mankind. The truth sought for has never been sought that it may be put to the base use of man's destruction.—J. M. Putnam, Address before Buffalo Academy of Medicine.

A Real Ethical Drugstore at Last.

At last we have something that the ethical physician has been waiting for for many years—a real ethical pharmacy, and not a miniature department store, or hodge-podge junk shop, in which sundries and patent medicines play the most prominent and the prescription department the least important role. It is a phenomenon worthy of notice.

This true pharmacy is located at 2400 Broadway, corner of 88th street, right in New York City, and its proprietors—the Ethical Drug Stores Corporation—tell us that their drug store does not sell drugs, patent medicines, home remedies, not even such as are official in the Pharmacopeia, except on physicians' prescriptions. Nor does it sell any soda, cigars, candies, toys, hair-soles, photographic supplies, toilet articles, tea, coffee, crackers or sandwiches. In short, it is a strictly professional pharmacy devoted to the exclusive work of putting up physicians' prescriptions.

Such a drug store is certainly an auspicious phenomenon in commercial New York, and we believe that there is a sufficient number of ethical physicians to support it with their patronage. We wish the Ethical Drugstore success.—Exchange, from the Delaware State Journal.

(Continued on page 405).

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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

NOTE—The transaction of business will be expedited, and prompt attention secured, if,—

All papers, news items, reports for publication and any matters of medical or scientific interest, are sent direct to THE EDITOR.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL are sent direct to THE CHAIRMAN OF THE PUBLICATION COMMITTEE.

SCIENTIFIC PAPERS FOR OUR NEXT ANNUAL MEETING.

The Scientific Committee of The Medical Society of New Jersey requests that any member of the Society who desires to present a paper at the next annual meeting—June, 1918—will kindly communicate with the committee at an early date, as it is the desire of the committee to have the program completed early in January, 1918.

John C. McCoy,
G. N. J. Somers,
Alex. MacAlister,
Committee.

OUR VISITORS.

As citizens of and medical practitioners in the State of New Jersey, we have great pleasure and pride in welcoming National medical associations that honor us by holding their annual meetings in this State. The American Medical Association occasionally so honors us and has had large and successful meetings at Atlantic City, to their and our great profit and enjoyment.

Last month the American Association of Obstetricians and Gynecologists held its 30th annual meeting in Newark, with large attendance, an excellent scientific program and enjoyable social functions. It is an excellent association, doing good work and we shall be glad to have its members come

again. We had expected a report of this meeting and hope to receive it for next month's Journal.

N. J. DOCTORS IN CAMP.

We have recently received an excellent photograph of our New Jersey Medical men in Camp Greenleaf, M. O. T. C., Sanitary Co., No. 5, at Fort Oglethorpe, Ga. We had hoped to have it in this month's Journal, but desiring accuracy in names and a good "cut" we are compelled to defer insertion until next month.

There are forty-three members in this company, of which Dr. M. W. Reddan of Trenton is president; Dr. Ralph H. Hunt, East Orange, vice-president, and Dr. E. B. Rogers, Collingswood, is secretary.

HOW MUCH IS LIBERTY WORTH TO YOU?

This is a question that every American should ask himself or herself. For generations we have boasted of our love of liberty. We have called our country "The land of the free and the home of the brave." It has been proved in other wars that this was not a mere empty boast by our fathers and our forefathers. But the question of how much is liberty worth to this generation has not yet been fully answered.

It is going to be answered nobly by those who serve under the colors. Many of them will answer with their death. It is going to be answered and answered clearly by others who serve their country as best they may. It is going to be answered by others still who, unable to render personal service, have yet furnished their government the means to prosecute the war. The number of subscribers to the Liberty Loan Bonds is going to be an index of the love of liberty of the American citizenry of to-day. The list of Liberty Loan Bond holders is going to be a directory of the patriots of America.

President Woodrow Wilson says: "It is plain enough how we were forced into the war. The extraordinary insults and aggressions of the Imperial German Government left us no self-respecting choice but to take up arms in defense of our rights as a free people and of our honor as a sovereign government. The military masters of Germany denied us the right to be neutral. They filled our unsuspecting communities with vicious spies and conspirators and sought to corrupt the opinion of our people in their own behalf. * * * Much as we

had desired peace, it was denied us, and not of our own choice. This flag under which we serve would have been dishonored had we withheld our hand."

The German leaders described America's entry into the war as a bluff. This is our answer. The German Imperial Government was nearly fifty years in perfecting its military efficiency. In less than four months the American Republic has made such strides as to indicate that in less than two years' time the boasted superiority of German efficiency will have been discredited. There is such a thing as American efficiency, and time will prove that German efficiency can not withstand it, fighting as it is for liberty, justice and humanity.—Arkansas Med. Jour.

DR. DAVID ST. JOHN.

It is with profound regret and sorrow we announce the death of Dr. St. John, which occurred September 14, at his summer home near Albany, N. Y., after more than a year's severe illness in which he made a brave fight for life, but with a patient and resigned spirit that was characteristic of the true man he was.

He had been a faithful member of his county society and of the State Society for more than forty years; was elected president of the Medical Society of New Jersey in 1908, presiding at the annual meeting the following year; since then he was a faithful Fellow and trustee of the Society and there was no member or officer more highly esteemed for personal worth and good work. A full obituary notice is given in another column.

DR. B. A. WADDINGTON.

We also note with sorrow the death of Dr. Waddington of Salem, another ex-president of our State Society, who succeeded Dr. St. John, having been elected in 1909, and who died August 23, 1917. The doctor had long been an active member of his county and of the State societies, though since his retiring from the presidency he has been unable to meet with us as often as formerly.

Thus we have lost two Fellows—ex-presidents—of our State Society since our annual meeting in June.

We hope to receive in time for next month's Journal the transactions of the State Society annual meeting.

THE PHYSICAL TRAINING LAW IN THE PUBLIC SCHOOLS OF THE STATE.

Commissioner Kendall has an article in the September issue of the *Education Bulletin* which should excite more than passing notice. Its title is "Physical Training Law," and it is in the form of a letter directed to the school officials and teachers in New Jersey. To quote from the letter: "This law is the fullest recognition of the value of physical training in public schools found in any American State. * * * Its effects will be far-reaching and as beneficial as it is far-reaching. It affords all of us an opportunity for substantial service. * * * He whose blood is red, whose muscles are hard, whose sleep is sound, whose digestion is good, whose posture is erect * * * and whose nerves are steady, has just so many resources in life. * * * The successful administration of this course (of training), rests with the individual teachers of the State."

These questions will give an excellent idea of the intent and scope of the letter. To our mind it is an admirable and succinct resume' of the situation. Of course, in a communication intended to be read by teachers only, appeals to the interest and co-operation of the parents and of the medical profession would be superfluous. The lay press will no doubt fully discuss this law for the benefit of the average parent; in fact there has been much matter printed already in regard to it, which we presume most of our readers have seen. Nevertheless, at the risk of repeating what many of you already know, we feel that it is incumbent on us to urge every doctor in the State "to do his bit" to make the new law a success. Without our unequivocal and earnest support it will certainly take much longer to bring about a cheerful and efficient execution of this law than with it. Doctors are often spoken of as ultra conservative. They certainly hesitate before lending their support to sweeping reforms that lack the confirmation of experience.

So far, however, as the practicality of the movement we are discussing is concerned, it has been abundantly proved and is no longer *sub judice*. If the doctors of New Jersey shall do what we fully expect them to do, and without hesitation or delay shall fully second the work of the State Board of Education, it cannot be long before—to quote again from Dr. Kendall's letter—"The State will provide adequate, expert supervision of physician training and other health activities of pupils."

Brethren, this is a noble and patriotic work. Dr. Kendall and the Board of Education have accomplished more in obtaining the proper legislation than have the educational authorities of any other State. Pride in the fair name of the State of New Jersey, in its venerable State Medical Society and in its public schools should compel us to use our utmost endeavor to make the growing movement a complete success.

R. C. N.

The results of the further trial of the new anesthetic Nikalgin will be awaited with great interest. Its successful use in France in some cases of extensive wounds leads us to wait hopefully. Its composition is as yet not revealed, but many other preparations whose formulæ were kept secret for some time have proven to be of decided value.

As the Medical Record says:

"The history of nikalgin will doubtless be the same; it has been adopted in a number of the army hospitals on the western front, and according to apparently authentic reports has relieved the fearful sufferings of many a brave poilu; if this is true—and it seems to be—every man with a spark of humanity in his bosom must rejoice, and bless the man who forced the remedy upon the attention of the French army surgeons. Those who grieve because the formulæ and mode of preparation are secret may take heart of hope, for, as in the case of ambrine, the secret will soon no doubt be brought to light, and then we can all be happy."

Experimentation on Man.—The limits of justifiable experimentation on our fellow creatures are well and clearly defined. The final test of every new procedure, medical or surgical, must be made on man, but never before it has been tried on animals. There are those who look on this as unlawful, but in no other way is progress possible, nor could we have had many of our most useful but very powerful drugs if animal experimentation had been forbidden. For man absolute safety and full consent are the conditions which make such tests allowable. We have no right to use patients entrusted to our care for the purpose of experimentation unless direct benefit to the individual is likely to follow. Once this limit is transgressed, the sacred cord which binds physician and patient snaps instantly. Risk to the individual may be taken with his consent and full knowledge of the circumstances, as has been done in scores of cases, and we cannot honor too highly the bravery of such men as the soldiers who voluntarily submitted to the experiments on yellow fever in Cuba under the direction of Reed and Carroll. The history of our profession is starred with the heroism of its members who have sacrificed

health and sometimes life itself in endeavors to benefit their fellow creatures. Enthusiasm for science has, in a few instances, led to regrettable transgressions of the rule I have mentioned, but these are mere specks which in no wise blur the brightness of the picture—one of the brightest in the history of human effort—which portrays the incalculable benefits to man from the introduction of experimentation into the art of medicine.—Osler: Transactions of the Congress of American Physicians and Surgeons, 1917.

The Shadows of Coming Events.

Wages are higher than ever before, but as the workers earn more money it is promptly taken away from them through inflated prices. Our social forces are so directed as to insure relative poverty on the part of the masses. The middle class of people, prosperous in a small way, is dwindling more and more, so great does it find the attrition to which it is subjected by the upper and lower groups.

Keeping pace with this social realignment we encounter schemes of paternalistic character. In the course of time there will be three classes in place of the three classes which we have now. Instead of the rich, the middle class and the poor, we shall have the rich, their retainers, and the poor. The first will constitute a moneyed aristocracy, the second group will be made up of a much larger group than the first, but in no way comparable in numbers with the middle class of to-day, while the third group will consist of the thoroughly Prussianized poor.

This is the trend now, and it will be helped tremendously by the war, for the war has compelled us to take thorough cognizance of Kultur.

It is not hard to divine what part will be played by the medical profession in the new feudalism and into what group they will gracefully fall.

The manner in which compulsory health insurance is being "accepted" and even "accelerated" by the profession is an exact index of what is to come.—Exchange.

Compulsory Health Insurance.

Frederick L. Hoffman, statistician, of Newark, says in a communication to the March 17, A. M. A. Jour., speaks of the unanimous adoption of the report of a committee of the Chicago Medical Society which declares that compulsory health insurance will affect the professional income, lower the professional tone, decrease professional efficiency, destroy incentive for medical research, make a dissatisfied profession, prove productive of malingering, and destroy personal relationships between patient and physician.

Mr. Hoffman in closing says:

"Thus, briefly restated, organized labor is not in favor of compulsory health insurance, but opposed to it; organized industry and business interest are not in its favor, but opposed to it; and the organized medical profession is not in its favor, but opposed to it. The argument is advanced that health insurance diminishes illness and that "as a public health measure this is one of the most important bills which has come before the legislature (of the State of New York) for many years." There

is no evidence that any of the measures proposed aim specifically and effectively at a well-considered plan of co-ordination of compulsory health insurance and public health administration. In flat contradiction to the assertion is the official statement of the surgeon-general of the U. S. Public Health Service in his annual report for 1916, that "as yet none of the legislative measures proposed has contained anything more than provisions for the relief of sickness." The endorsement of compulsory health insurance by the U. S. Public Health Service provides for the co-ordination of the proposed organization with national, State and local health agencies. No bills as yet introduced provide for such a plan of administrative co-ordination. Nor has there been a comprehensive and far-reaching administrative co-ordination in any one of the foreign countries in which compulsory health insurance has been established."

The Physician in Relation To Our Penal and Charity Problems.

We take the following summary from a paper by Dr. A. S. Johnstone, secretary of the South Carolina State Board of Charities and Corrections, in the Jour. S. C. Med. Asso'n: in the Jour. S. C. Med. Asso'n:

The argument of this paper may be summed up briefly as follows:

There is a very definite relation, both casual and contributory, between physical disease, poverty and crime. Mental deficiency is an even more fundamentally causal factor. Therefore, the criminal and the pauper should be interpreted in physical and medico-social terms. Such an attitude toward the criminal and the pauper would lead to the following modifications in our present penal and charity system.

1. A complete change in the medical practice at our county institutions by making it thoroughly preventive as well as curative. To this end (a) the Sanitary Code of 1912, in so far as applicable to these institutions, should be revised; (b) the medical factors now interested in them should be wisely fostered and co-ordinated; (c) educational work of a public health nature should be undertaken with the officers and inmates; and (d) the population of these institutions should be extensively used in studying and preventing venereal disease.

2. An individualization of the punishment accorded criminals, who will be treated for what they are rather than for what they have done, with a view to their reformation and restoration to society when possible, as the best means of protecting society and preventing crime.

3. An entire re-classification of our almshouse population, with separate provision for the different classes putting the aged infirm into district hospital-homes rather than gathering all ages and grades in county poorhouses as we do at present.

4. Special study of, and provision for, the feeble-minded, particularly for the women of child-bearing age who are poor and unprotected, whether married or single. We believe this to be the State's most fundamental task just now from the standpoint of charities and corrections.

Therefore, to speak to you specifically, we

urge that as a part of your public health policy you foster a program of preventive medicine in our county institutions and put your strength as individuals and as a scientific association behind the movement to secure State provision for these unfortunates among us who, for the want of a better name, we call feeble-minded—children in mind and in heart, despite their physical years, and therefore needing the special care of their mother State.

Credulity.—Man is a dupable animal. Quacks in medicine, quacks in religion, and quacks in politics know this and act on that knowledge. There is scarcely any one who may not, like a trout, be taken by tickling.—Robert Southey.

Special War Items

American Civilian Doctors in London.

The first contingent of American civilian doctors arrived in London, England, last month. They are being detailed for duty in various hospitals in England.

Physicians Recommended for Commission in Reserve Corps.

During the week ending Sept. 15, 1917, 420 physicians were recommended to the Adjutant-General of the Army for commission in the Medical Reserve Corps, the proportion being eleven majors, fifty captains and 359 lieutenants.

Ambulance Unit No. 33 Wants More Men.

This ambulance unit, in camp at Syracuse, N. Y., in command of Dr. William H. Lawrence Jr., wants to increase its membership by nine, five feet eight inches or taller. A communication was received from the Surgeon-General of the army notifying the company that the tables of organization of ambulance units had been changed, permitting of a larger membership than formerly.

Doctors Required for the Army.

There are approximately 90,000 physicians of military age in the United States, and, according to an announcement of the War Department, 24,000 of these will be required for the United States army. The medical profession will furnish more recruits proportionately than any other profession in the United States. It is stated that about 200 physicians a day are going into camps. The medical men of this land have made a splendid showing in the number of volunteers from their ranks and the uniform alacrity and cheerfulness with which they have answered their country's call. If it should be necessary, however, the government will take steps to conscript the required number of physicians.—American Lutheran Survey.

Red Cross Hospital Supply Service.

A hospital supply service under the Red Cross Commission in France with Stanley Field of Chicago, nephew of the late Marshal Field, as director, and an appropriation of \$500,000 for the service and its supplies has been announced by the Red Cross War Council. Co-ordination of all military hospitals maintained by American and other foreign societies and

individuals and the providing of them with supplies and materials is the object. Business and professional men volunteering their serv-

Intense Training in Orthopedic Surgery for Special Medical Officers.

For those members of the Medical Officers Reserve Corps, or those intending to apply for commission, who have had only a general surgical training and who desire to be assigned to the orthopedic service of the Army, a course of intensive instruction in the fundamentals of orthopedic surgery, as related in the military service, has been arranged. This course is of about six weeks' duration, and will be given at various universities. Those interested may obtain full information from Major E. G. Brackett, director of the Department of Military Orthopedic Surgery, Surgeon-General's Office Washington, D. C.

Harmony Among British and American Surgeons.

German agencies recently having been spreading broadcast on the continent the report that serious differences have arisen between the British Army medical service and the American surgeons and physicians who have been working with the British forces in France. The story has been given special publicity by its sponsors in Belgium and France.

For the purpose of proving or disproving this statement, the correspondent of the Associated Press, accredited to British general headquarters, made a careful investigation of the facts, visiting not only base hospitals which have been taken over by American medical units, but casualty clearing stations in which American surgical teams are working. Here is the truth:

The utmost cordiality has and does exist between the British medical service and the Americans who are working with them. The assertion that there has been any quarrel between the two bodies is without foundation. As one eminent American has put it:

"The story is a gross canard. The reasons for circulating it are obvious. The Germans are trying to create among Belgian and French civilians a contempt for America and Great Britain, and consequently a hostility toward these two nations. The canard cannot be called humorous, but it certainly is an interesting demonstration of the fact that while the German may be a good soldier he is not a psychologist. He is merely discrediting himself in this instance, as he has done many times before since the war began."

Senior Military Medical Association.—This is the title of an association of Philadelphia medical men who are beyond the age limit for admission to the Medical Reserve Corps, but who wish to serve their country in some way. The purpose is to band together men who are still capable of performing part time medical work, especially at or near the member's residence. "It is felt that members of the association can act as consultants in general and special physical conditions of recruits and conscripted men; also, in matters of sanitation and hygiene, and in making general physical examinations and mental and special examinations and in working in local hospitals or established places or cantonments where the sick or in-

jured men may be sent; or those where fitness may be brought about in men medically rejected from admission to the service; also in performing any other work they may be capable of by the direction of the Government." The membership is not confined to Philadelphia residents, but includes physicians living in New Jersey, Pennsylvania, Delaware and Maryland. The secretary is Dr. Alexis Dupont Smith, 5926 Greene street, Germantown, Pa.

U. S. Medical Officers Relieving British Doctors.

According to the Manchester Guardian, American medical officers took charge last month of the military hospitals at Manchester, Salford, Liverpool, Leeds, Birmingham and Cardiff, and the civil medical practitioners in charge of those hospitals were informed that their services were no longer required. It is understood that the reason for the change is that the services of the civilian doctors are required for the needs of the population, who have been inadequately served, owing to the attendance of so many physicians at the hospitals.

Intensive Courses in Social Service.

Twenty-five universities throughout the country have consented to conduct intensive courses in social service for the training of thousands of volunteer Red Cross workers for home service among the families of soldiers and sailors. This was announced recently at the conference of social workers and Red Cross officials at Washington, D. C. Nineteen other schools have the matter under consideration. The courses will cover a period of 'six weeks' training to qualify leaders for relief work in the 2,500 Red Cross chapters, which, it is estimated, will come in touch within the next year with 100,000 families of the nation's fighting men.

Medical History of the War.

A medical and surgical history of American participation in the European war, in five columns, is to be written by a board, appointed by Major-General William C. Gorgas, surgeon-general of the army. Members of the board are Colonel C. C. McCulloch and Major F. H. Garrison, of the army medical library, and Captain John S. Fulton, secretary of the Maryland State Board of Health. Some European countries already have such histories in preparation. The purpose of General Gorgas is to have the work completed as soon after peace is restored as possible. An eleven volume German medical history of the Franco-Prussian war was completed in twenty years, and it took twenty-eight years to complete a six volume work on the American Civil War.

Psychiatrists and Neurologists Assigned to Duty in the Military Camps.

A circular giving somewhat detailed information as to examinations of recruits and causes for exclusion has been issued from the Surgeon General's office.

In detailing psychiatrists and neurologists to special duty with the armies, the Surgeon General has had in mind (1) the proper care and treatment of soldiers who become incapacitated through mental or nervous disease; (2) the special examination of recruits in the training camps in order that those who because of neuropathic or psychopathic conditions are un-

fit for military duty, may be indentified and discharged from service.

At the request of the Surgeon General, the question of those who should be excluded from the military services on account of mental and nervous disease has been carefully studied, and with the approval of the Surgeon General it is suggested that the following general outline be followed in determining this matter. It is important that the potential as well as the actual conditions of the recruit be kept in mind. For this reason emphasis has been laid upon the early symptoms of disease. Likewise, attention has been called particularly to those diseases which are most likely to be met and which have not very obvious symptoms but which, nevertheless, can be diagnosticated relatively easily and with considerable certainty. * * *

The circulars then gives the causes for exclusion under the two heads: Nervous Diseases and Mental Diseases; (a) on the basis of disease and (b) on the basis of symptoms or combination of symptoms and history.

Another circular referring to the importance of facilitating the work of the psychiatrists assigned to the various military camps recommends that the camp sergeants and line officers exercise care in the selection of recruits to be referred to the psychiatrists and gives the following fundamental things to be noted:

(1) That in view of the importance of syphilis and hyperthyroidism in neuro-psychiatric conditions, that all persons suffering from either of these diseases observed by the surgeons in the ordinary course of their work, be referred to the psychiatrist for further examination; and

(2) That the personality traits named below are of such importance as indicative of possible underlying mental conditions, that line officers be instructed to refer to the psychiatrist recruits under their observation who exhibit them. These traits are:

Irritability; seclusive; sulky; depressed, shy timid; over boisterous; sleepless; persistent violators of discipline; "Queer sticks," cranks; "Goats"—butts of practical jokes; "Boobs"—those who have difficulty in comprehending orders—dull, stupid; marked emotional reaction (such as vomiting and fainting) at bayonet drill; peculiarities of attitude, speech or behavior sufficiently marked to attract attention of associates; those resentful of discipline; suspicious; sleep walkers; bed wetters; those persistently slovenly in dress; those who have difficulty in executing muscular movements in setting up exercises.

GRADUATES IN MEDICINE NOT COMMISSIONED IN THE M. R. CORPS.

Those who are not commissioned in the Medical Reserve Corps fall in the following groups:

(1) Physically unfit. There is no question as to this exemption, but the probabilities are that you are able to perform your duties in civic life, and you should try in some way to release an equally trained man who is physically fit. Perhaps you could substitute for one who is in a public health position, or one who is a teacher. It would be unusually helpful if you could form a partnership with a man of equal training, but physically fit, who is prevented from going for financial reasons, and divided your increased earnings with this man.

(2) Teachers in medical schools. The Sur-

geon-General feels that it is imperative not to weaken the faculties of the medical schools, but members of the teaching staffs should do all in their power to release as many as possible among their number who are physically fit and have some special training, filling their places with men of equally good training who are not teaching but who are physically unfit for service.

(3) Public health officials. All agree that the State and City Public Health Departments of this country should not be weakened. It is important for the success of this great drive for democracy to protect the health of those at home as that of soldiers. However, there are many opportunities for substitution here. Look for a man of equal training, but physically unfit, to temporarily take your place in the public health work. It might be possible in some cases for him to perform the duties of a public health official and to look after some general practice, or some specialty in medicine or surgery.

(4) Many well trained and young graduates in medicine have been prevented from entering the Medical Reserve Corps because of dependents or financial obligations which cannot be met by the salary of even a Major in the Medical Reserve Corps. Apparently there is only one way for such men to be released for service in the army. They must find someone with about the same training, either aged over 55, or with some physical defect, and form some partnership with him so that the increased earnings of the one who remains at home will, to a large extent, protect the one who volunteers for the Medical Reserve Corps.

I have discussed all of these questions in an article about to be published in the September number of the Southern Medical Journal. Please read it! In this great drive for democracy every member of the medical profession must feel his individual responsibility. He must feel that the medical profession has special obligations, not only special privileges, and do everything in his power to help the Government in this great necessary undertaking—Joseph Colt Bloodgood, Major M. R. C., U. S. A.

RE-EDUCATION AND RECONSTRUCTION OF U. S. SOLDIERS WHO MAY BE CRIPPLED IN THE PRESENT WAR.

This problem of reconstruction and re-education of the wounded in this war will be one of the largest to be met by the Government, and everyone who has had any special training or experience with such work should send his credentials to the Surgeon General's Office and offer his services, if he can be spared from his special duties to his community.

The Medical Reserve Corps of the army still needs surgeons with special training in orthopedic surgery, surgery of the head, brain, in plastic oral surgery, and in dental surgery. If you have had training in any one of these branches and are willing to enter the Medical Reserve Corps, please write me.

These departments in the Surgeon General's office are willing to take a certain number of young men who have had good hospital experience and give them an intensive training in one of these special branches. If you belong to this group, or know of any young men who do, please write me and give names and addresses.—Joseph Colt Bloodgood, Major M. R. C.

Therapeutic Notes.

Bladder Sedative.

As a bladder sedative in the milder cases where there is vesical spasm, frequency of micturition, or pain; at the early onset of simple cystitis; in slight bladder chill giving rise to abortive cystitis; in urinary irritation, and in the irritation caused by hyperacidity; in prostatic irritation, and in most forms of bladder irritability, except where there is strong alkaline decomposition.

Potass, citrat, grs. x-xx
Sodii bromide, grs. x-xx
Tr. belladonnae, m v-xv
Tr. hyoscyami, m xx-xl
Elixir Uritone Co. (P. D. & Co.), 3i-3ii.
Infus. buchu (recentis) ad 3i
Misce. Ft. mist.

Sig.: Two tablespoonfuls in water every four or six hours.—Medical Standard.

Baldness and Dandruff.

Hydrargyri chlorodi corrosivi, grs. 4.
Euresol, drs. 2.
Spiritus formicarum, oz. 1.
Olei ricini, dr. 1 to drs. 3.
Alcolis q. s., ad., oz s. 8.

Label: Wash for scalp. (Poison.)

Apply in the morning.—Chas. J. White.—J. A. M. A.

Incontinence of Urine in Elderly Men.

Strychninae Sulphatis, gr. j.
Tinct. belladonnae, 3 x.
Hexamethylenaminæ, 3 iv.
Elix. gentianæ, 3 j.
Syr. hypophos. comp. q. s., 3 vi.

M. Sig.: One dram in a glass of water three times daily.

Protective Dressing.

An excellent firm dressing for varicose veins, ulcers, etc., is made as follows:

Glycerin, 1 part.
Zinc oxide, 1 part.
Gelatin (white), I part.
Water, 3 parts.

M. Sig.: Heat in water baths. Apply several coats with brush.—(Medical Council.)

Relief of Cough in Lobar Pneumonia.—Dr. Deering J. Roberts uses the following prescription for this purpose:

Ammon. chloridii, 5v.
Spirit, etheris nitrosi, 3ii.
Tinct. opii camphoratae
Syrup. ipecac. aa 3j.
Syrup. pruni virginiani, 3iss.
Aquea dest, 3iii.

M. et ft. sol.

Sig. One teaspoonful when cough is troublesome, but usually a dose every three or four hours.—Southern Practitioner.

Joint Affections and Conjunctivitis in Dysenteric Subjects.—Dr. Rist, in *Journal de Médecine St. de Chirurgie Pratiques*, notes as an early sequel in treating numerous cases of bacillary dysentery, vague joint affections of brief duration. These did not respond to the salicylates, but yielded promptly to antidy-

senteric serum. Somewhat more rare was a conjunctivitis following recovery from dysentery.

Tickling Cough.—Dr. A. Kinsey-Morgan in *Lancet* recommends codeine for the relief of tickling cough, especially that which follows influenza, tuberculous laryngitis, etc. For this purpose he prescribes it in the following mixture:

Codeinae, 0.1

Acidi citrici, 0.3

Syrupi tolutania, Syrupi pruni virginianæ, and aquae, aa 16.00

M. et. S.: One teaspoonful.

Iodine in Tuberculosis.

Dr. John Ritter of Chicago gives in the *Illinois Medical Journal* of February, the following as the conclusions and summary of his able paper entitled "The Therapeutic Value of the P. C. P. Tincture of Iodine in Tuberculosis and Other Infectious Diseases, when Properly Administered and Given in Progressively Increasing doses":

It must be admitted, notwithstanding what has been said, that the ingestion of iodine, either in the free state in its purity, or in an alcoholic solution, may have a most irritating effect upon the gastric mucosa, and this is due to the sudden coagulation of the albuminous secretions from the mucous layers of the stomach, producing localized, highly hyperemic areas and the astringent and puckering effect which follow may cause serious disturbance. In giving the iodine in a menstruum, like sweet milk, one is quite sure to avoid all untoward symptoms and ill effects. Now the question arises: May it not be possible that the so-called toxic effect of iodine, if it is at all toxic, is positively averted by giving it in a vehicle like milk, which is its natural and physiological antidote, or again may it not be that the non-toxic effect is due to the preparing extemporaneously of an albuminate of iodine, a protein compound, when it is administered in milk? Be that as it may, it remains an established fact that the giving of iodine in any reasonable dose, either large or small, will be tolerated by the most sensitive or delicate stomach capable of digesting milk and an iodine impression may be brought about by this method in a simpler way and with quicker results than can be accomplished by any other, be it by subcutaneous, intravenous or intramuscular injections, or by local applications. By this method the administration of iodine in the form of the tincture in from 60 to 100 drops three times a day may be maintained for months and months without the least fear of either a local or a systemic disturbance, hence, it may be stated definitely and observations have warranted the contention that:

1. Iodine is both microbicidal and antitoxic.
2. Iodine is non-toxic, non-irritant and non-caustic.
3. Iodine is rapidly eliminated and does not accumulate in the body.
4. Iodine does not coagulate albumin.
5. Iodine produces active phagocytosis.
6. Iodine is a recognized antiseptic possessing great powers for penetration.
7. Iodine, modified or in combination with

various proteins, possesses no advantage over the ordinary tincture, when given in milk.

8. Iodine organic preparations are all changed in the economy, the iodine being liberated from its molecule.

9. Iodine, when given in milk, has never produce iodism or gastric disturbances; both are negligible.

10. Iodine as an inhibitor or destroyer of bacillary growth, within the tissues and organs of the human body, has no equal in medicine. Hence, it is the most logical and appropriate remedy for treatment of tuberculosis in all its various forms.

Diet in Typhoid and Paratyphoid Fevers.—

In a recent work on typhoid Vincent and Muratet state that in France milk is the great reliance in feeding typhoid and paratyphoid patients. The milk is always boiled for ten minutes at least, giving up to 2 liters with at least 2 liters of other fluid. The milk can be given hot or cold, and flavored with tea, coffee brandy or rum, vanilla, orange flower water, or a drop of oil of anise to a cup of milk, or the milk can be made acid or effervescent. In case of absolute intolerance for milk, kefir or koumiss may be substituted, or a trained vegetable broth or gruel. For the latter they use a mixture of a tablespoonful each of barley, wheat, crushed corn and hulled beans, peas and lentils, boiled for three hours in 3 liters of water, salted and strained. Every hour or half hour a glass or half glass should be given of weak tea, coffee, lemonade with or without wine, or weak diuretic decoctions (dandelion, licorice, cherry steams). To avoid fermentation these drinks should not be much sweetened; lactose can be used, on account of its diuretic action, instead of sugar. The patient should drink often, but little at a time and slowly. Robin gives, in addition to the above, a liter of chicken or veal broth in the twenty-four hours. Chantemesse prefers to give two or three tablespoonfuls of meat juice, the amount that can be squeezed from 200 gm. of chopped meat. The first solid food allowed is a light tapioca.

Medicines—Increased Cost of.—Beginning with the narcotics and hypnotics are final opium and its alkaloidal derivatives now selling at an advance of approximately fifty per cent. over 1914 prices. In the case of these essential agents, it would seem that the little can be done to reduce expenses. Yet certain opportunities suggest themselves. Thus, where a hypnotic effect is desired, advantage could sometimes be taken, where many cases are under treatment, of the potentiation which has been shown to occur when morphine and the less expensive agent, chloral hydrate, are simultaneously administered, less than a half dose of each of these drugs being under these circumstances required to produce the hypnotic effect which a whole dose of either remedy would exert if given alone. Likewise effective in reducing drug outlay in suitable cases, e. g., where pain is to be relieved and sleep secured in the absence of any tendency to weak heart action, is the substitution of acetanilid for a portion or all of the morphine otherwise to be given, remembering that in some inflammatory and organic pains the latter is a more efficient rem-

edy. Possibly cannabis, now maintained at a definite degree of potency by the physiological standardization requirement of the new Pharmacopoeia, may in some cases be successfully substituted for opium for analgesic and narcotic purposes, though at best it is a somewhat uncertain remedy. It is less than one-fourth as costly as opium, dose for dose.—Dr. L. T. Sajons.

Hospitals.

Gifts to Hospitals.—The Morristown Memorial Hospital and All Souls' Hospital, Morristown, will each receive \$10,000 by the will of Mrs. Annie A. Peckham.

All Soul's Hospital.

This hospital has recently received \$10,000 from the estate of the late Mrs. Elizabeth Farrelly who in her will bequeathed that amount.

Bridgeton Hospital.

This hospital's report for August showed: Number of patients admitted, 46; discharged, 43; operations, 28; died, 4; births, 4; remaining in hospital Aug. 31st, 22.

Monmouth Hospital Site Secured.

Approval of the State Board of Health having been obtained, the Board of Freeholders on Sept. 5, authorized the purchase of the Hina Rathmell farm of 104 acres, near Allenwood, as a site on which to erect a county tuberculosis hospital. Thirty acres of the farm will be set aside for hospital purposes and seventy-four acres will be used as a county farm, where prisoners at the county jail can be given work.

Hospital for Negro Patients, Atlantic City.

A movement to erect a modern hospital in Atlantic City for negro patients was started in connection with the national convention of negro physicians held there last month.

Somerset Hospital Training School.

The commencement exercises of this training school were held in the Second Reformed Church, Somerville, on the evening of Sept. 14, when six nurses graduated and received their diplomas. Dr. David F. Weeks of the State Village for Epileptics, Skillman, delivered the address to the graduates.

Essex County Hospital, Verona.

Organization of the newly appointed board of directors for the Essex County Hospital for Tuberculosis Diseases was effected recently with Freeholder Pennington, chairman of the hospital committee, as president. Dr. William J. Douglas, medical superintendent of the Soho Isolation Hospital, was named temporary medical superintendent, salary to be determined.

New County Hospital, Laurel Hill.

It has taken two years to complete this splendid Hudson County Tuberculosis Hospital building, owing to the high cost of building materials, labor troubles, etc., but to-day this new three-story hospital at Laurel Hill, with a capacity of 138 beds, stands an honorable monument to the persistent efforts of the tu-

berculosis committee of the Board of Chosen Freeholders, and of the board of managers of the Hudson County Tuberculosis Hospital and Sanatorium, in whose hands the planning and erection of the addition to the county group of buildings at Laurel Hill was originally placed. (We will refer to this again next month.—Editor).

Tuberculosis Hospital, New Lisbon.

The new county hospital for the treatment of tuberculosis, situated at New Lisbon, is nearing completion. The building will accommodate about thirty-five patients. The executive board will, it is understood, consist of five members, two physicians and three laymen. A medical director will be in charge. These officers will be appointed by our Board of Chosen Freeholders.

Such an institution has long been needed in Burlington County and the Burlington County Medical Society has been untiring in its efforts in advocating and seeing completed such a hospital. Naturally, the society wants to see the best possible result grow out of this work. At a special and largely attended meeting of the society, held at the Arcade Hotel, Mount Holly, on Wednesday, July 25th, 1917, it was unanimously resolved to recommend to our Board of Freeholders the appointment of Dr. M. W. Newcomb as medical director. The Burlington Common Council and other organizations have endorsed Dr. Newcomb. The doctor has long made a special study of this disease and the society feels he is peculiarly qualified by reason of special knowledge.

The society voted to submit to the Board of Freeholders the names of four of its members, with the expressed hope that two of four might be chosen as representatives on the executive board of this institution. The names suggested are Drs. John B. Cassady, Burlington; E. D. Prickett, Mount Holly; David Baird Jr., Florence, and Nathan Thorn, Moorestown.

Marriages.

BRENN-GASKILL. — At Washington, D. C., September 8, 1917, Dr. Charles E. Brenn of Camden, to Miss Mabel Gaskill of Newport.

HURFF-RATHBUN. — At the Waldorf-Astoria, New York City, September 15, 1917, Dr. J. Wallace Hurff, of Newark, to Miss Sara Louise Rathbun of Elmira, N. Y.

McELHINNEY-GANTERT. — At Elizabeth, N. J., September 8, 1917, Dr. Dennis R. McElhinney, to Miss Margaret Gantert, both of Elizabeth.

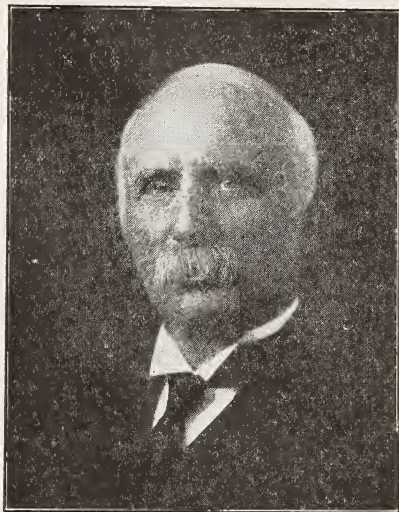
Deaths.

MAC CONNELL.—In the St. Elizabeth Hospital, Elizabeth, August 15, 1917, Dr. Joseph K. MacConnell of Cranford, N. J., aged 80 years.

Dr. MacConnell graduated from the Starling Med. Col., Columbus, Ohio, in 1868; was formerly a member of the Medical Society of New Jersey; was president of Union County Society

in 1890; was many years town physician of Cranford.

ST. JOHN.—At West Berne, Albany County, N. Y., Sept. 14, 1917, Dr. David St. John of Hackensack, N. J., aged 67 years.



Dr. David St. John was descended from old English stock who came from England in 1635, settling in New England. Dr. St. John was born in Berne, Albany County, N. Y., in March, 1850, his father being David St. John and his mother, Mary Johnson of Scotch ancestry.

After pursuing a preparatory course in the Albany schools, he commenced the study of medicine with Dr. H. W. Bell of Berne, N. Y., afterward entering the office of Professor James H. Armsby of Albany, N. Y., then the leading surgeon in that part of the State. He took courses of lectures at the Albany Medical College, Buffalo Medical College, and Bellevue Hospital Medical College, graduating from the latter institution in 1875. He located in Hackensack. Although a stranger to the community he was not long in gaining favor with the old family physicians of that period, and laid the foundation for the distinction which he attained by professional skill and the display of qualities that men and women recognize as marking merit and manly worth.

Dr. St. John displayed many characteristics of what is known as a "doctor of the old school;" a fact that may be traced to his early association with such practitioners as Drs. Chas. Hasbrouck, Henry A. Hopper, and George Terhune, a trio of whose fine qualities he often spoke and with which many now living are familiar. As an admirer has said, "No road was too long, no night too dark for Dr. St. John to fail in answering a call." In his professional ethics duty came before all else; the physician was morally and legally bound to pursue the calling for which he was especially prepared—he had no right to withhold his services when called upon, no matter who or of what degree the sufferer might be. He ever carried cheer, the bright smile and happy word unto the sick chamber. It was also his mission in life to do good by stealth—his right hand ignorant of philanthropic acts performed by the left. It was this spirit which moved Dr. St. John, in

1888, to interest a few leading citizens in the project of establishing a public hospital in Hackensack. Prominent physicians and surgeons of New York City showed a lively interest in the enterprise, thus aiding in giving the Hackensack Hospital an inspiring start. While many others contributed toward the foundation of what has become the most important institution in the town, it was the energy and constant labor of Dr. St. John that brought success. And it was his indomitable will and fascination that won the women of the town to an enthusiastic participation in the original "Hospital Fair" by which several thousands of dollars were gained for the institution. He contributed time, money, labor for everyone of the several enterprises that have aided in advancing the usefulness of Hackensack Hospital and bringing it up to the high standard of efficiency.

Dr. St. John always had the respect and confidence of the medical profession in Bergen and service which it now occupies. County and in the State; was ex-president of his county society and of the Medical Society of New Jersey during the year 1908-1909; was also a member of the New York State Medical Association and a Fellow of the American Medical Association. He was appointed by Governor Griggs a member of the board of managers of the State Hospital for the Insane at Morris Plains, and was surgeon for the Erie railroad. On March 15, 1915, Dr. St. John was the subject of a cordial tribute paid by the County Medical Society and officers of the State Medical Society when Dr. T. N. Gray, secretary of the latter society, spoke very handsomely of him in an address on "The Name and the Man."

Dr. St. John was the first vice-president of the Hackensack Trust Co., a director of the Hackensack National Bank, and president of the Hackensack Heights Association, owners of a large tract of valuable real estate on Hackensack Heights.

Dr. St. John's life was a credit to the medical profession which he adorned; and an honor to the community of which he was so important and valuable a member—truly one of Hackensack's most beloved and highly-respected citizens, as was evidenced by the crowded church at the funeral service and the remarkable display of flowers—the entire front of the pulpit platform was banked the full width of the church with dozens of floral emblems in many forms of design, comprising an indescribable mass of colors.

Dr. St. John was twice married. His first union was blessed with three children—Dr. Fordyce Parker now with the American service in France, Misses Olive G. and Florence A. He is also survived by his wife.

The following editorial is from the Hackensack Evening Record:

Hackensack suffered a great loss when death claimed Dr. David St. John, its venerable practicing physician. He came here many years ago a young man, full of ambition and a desire to make a name for himself. Up to the time of his serious illness, more than a year ago, Dr. St. John enjoyed a practice that bespoke his popularity and ability.

Not only was the deceased prominent in the medical fraternity. He was identified with

several institutions that were for the town's best interests and no one was more loyal to Hackensack than was Dr. St. John.

In founding the Hackensack Hospital he did one thing that will make his name revered as long as time lasts. It is a lasting memorial to his early activities in behalf of mankind.

In social circles and in his home circles Dr. St. John was beloved and admired. He was of a jovial disposition; a pleasing conversationalist and was ready to aid a friend in distress, to which many can attest. He was a devoted husband and father.

The town will grieve with the immediate family over its great loss. He was a patient sufferer and the end was a peaceful one, for which all gave thanks.

Memories of Dr. St. John will indeed always be pleasant.

WADDINGTON.—At Salem, N. J., August 23, 1917, Dr. Benjamin Archer Waddington, aged 75 years.

Dr. Waddington graduated from the Medical Department of the University of Pennsylvania in 1865. He practiced in Salem and one of the best known practitioners of South Jersey. He was a member and once president of the Salem County and also of the Tri-County Medical Society of South Jersey; was a member of the Medical Society of New Jersey for the year 1909-1910; also a member of the American Medical Association.

Personal Notes.

Dr. Augustus L. L. Baker, Dover, has been elected first lieutenant of a company of the new State militia, Dover.

Dr. James G. Brown, Montclair, has been commissioned a major in the Medical Reserve Corps.

Drs. Walter E. Cladek and John M. Randolph, Rahway, have been appointed school physicians for the year 1917-18.

Dr. Thomas A. Clay, Paterson, has been commissioned a first lieutenant in the M. R. C. and is at Fort Oglethorpe, Ga.

Dr. James Henry Clark, Newark, and wife, returned last month from Kineo, Maine.

Dr. Henry P. Dengler, Springfield, has been reappointed medical inspector of schools.

Dr. James Douglas, Morristown, has received word of the death of his nephew, Lieutenant W. M. Douglas, who left a London bank in 1914 to enlist in the Kilties and was wounded three times.

Dr. Arthur H. Dundon, Plainfield, and wife spent two weeks in Galveston last month.

Dr. Eugene W. Erler, Newark, and wife returned recently from their sojourn at Ocean Grove.

Drs. Eritton D. Evans and F. H. Thorne, Morris Plains, had a paper in the N. Y. Med. Jour. Sept. 8, on the "Treatment of Paresis with Report of Cases."

Dr. Bonn W. Hoagland, Woodbridge, and family, spent a few days last month at the Delaware Water Gap. The doctor has been commissioned first lieutenant in the Med. Reserve Corps.

Dr. Samuel C. Haven, Morristown, and wife have returned from Camden where they had been camping for some weeks.

Drs. John Hemsath and Edgar A. Ill, Newark, were drawn as members of the Essex County Grand Jury last month.

Dr. Alonzo C. Hunt, Metuchen, was drawn as a member of the Middlesex County Grand Jury, September term.

Dr. Louis J. Kauffman, Millville, has moved into his fine new home corner second and Mulberry streets.

Dr. George H. Lathrope, Morristown, who was a captain in the Medical Reserve Corps of the army and has been with the United States Army Ambulance Corps at Allentown, Pa., has been promoted to the rank of major and is now at the head of a 1,000-bed camp hospital in Mississippi.

Dr. Joseph M. W. Kitchen, East Orange, had a paper in the Medical Record, Sept. 8., on "Milk Bacteria Which Proliferate Before and Those Which Survive Pasteurization."

Dr. Charles J. Larkey, Bayonne, returned last month from a 1,600-miles auto trip through the New England States.

Dr. John C. McCoy, Paterson, left for Fort Oglethorpe, Ga., Sept. 4, having been commissioned as major in the Medical Reserve Corps. He is also assistant director and one of the operating surgeons in the Bellevue Hospital Unit No. 1 now mobilizing in New York City.

Dr. Ellery N. Peck, Boonton, was recently ordered to Wrightstown camp as a member of the Medical Reserve Corps.

Dr. Frank H. Pinckney, Morristown, has been commissioned a lieutenant in the M. R. C. and is at Fort Oglethorpe, Ga.

Dr. Bert A. Prager, Chatham, was recently elected medical inspector of the New Providence Township schools.

Dr. Norman H. Probasco, Plainfield, spent the month of August at Edgartown, Mass.

Dr. Walter A. Reiter, Summit, and family spent a few days at Atlantic City last month. He has changed his residence from Summit avenue to De Forest avenue.

Dr. James H. Rosenkrans, Hoboken, and family recently returned from a month's stay at Shawnee, Pa.

Dr. Floyd A. Thomas, Flemington, has been chosen as surgeon of the Fourth N. J. Regiment, National Guard.

Dr. Francis Tweddell, Summit, and family returned last month from Quogue, L. I., where they spent several weeks.

Dr. Clarence L. Vreeland, Pompton Lakes, who was commissioned first lieutenant in the M. R. C. and was ordered to Fort Oglethorpe, was given extension of time to report because of illness of his two children with typhoid fever and the epidemic there. He is now at Fort Oglethorpe.

Dr. Charles F. Adams, Hackensack, has returned from Lake Champlain where he spent his vacation.

Dr. Gustav A. Becker, Morristown, has been appointed one of the medical inspectors of the local public schools.

Dr. W. Wells Brown, Montclair, and wife recently returned from Green Pond where they spent their vacation.

Dr. Howard S. Forman, Jersey City, and family have returned from the Berkshires, Mass., where they spent some weeks.

Dr. H. Raymond Mutchler, Dover, has moved his office to West Blackwell street.

Dr. James Hunter, Jr., as chairman of the

Publicity Committee, has issued through the public press an article on "Tuberculosis and the War."

Dr. Harry M. O'Reilly, Summit, and family have returned from Pelmar where they spent the summer.

Dr. George E. McLaughlin, Jersey City, has been commissioned as a Medical Officer in the U. S. Navy and will have charge of the laboratories at the Brooklyn Naval Hospital. The Jersey Journal has a commendatory account of him as a pathologist and bacteriologist and of his ancestors as fighters for their country.

Dr. Wallace Pyle, Jersey City, and family have returned from Falmouth Heights, Cape Cod, where they spent several weeks.

Dr. Walter G. Alexander, Orange, was elected general secretary of the National Medical Association (colored), at the annual meeting held in Philadelphia in August.

Dr. Hugh F. Cook, Newark, and wife have recently returned from Spring Lake, where they spent several weeks.

Dr. Herbert E. Riddell, Branchville, has been commissioned as a first lieutenant in the M. R. C. and is at Fort Benjamin Harrison, Indiana.

Dr. Britton D. Evans, Greystone Park, was confined to his home several days last month by sickness but has resumed work.

Dr. Joseph Fewsmith, Newark, and wife spent two weeks recently at Lake Spofford, N. H.

Dr. Peter S. Mallon, assistant pathologist of the State Hospital, Trenton, is at Fort Oglethorpe, Ga., in training for M. R. C. service abroad. He was in army service in France in the European war and was one of the 120 men of the First Regiment, French Army, who survived the battle of Champagne when the remainder of the regiment of 4,000 men were slain. The doctor, before going to Trenton, was in service at the Morris Plains Hospital. —Psychogram.

Dr. J. Louis Borgmeyer, Bayonne, is a member of the Hudson County Grand Jury, September term.

Dr. Horace M. Fodder, Williamstown, has been nominated for the assembly from Gloucester County.

Dr. Morris Frank, Bayonne, city physician, who was seriously injured in an auto accident and was taken unconscious to the Bayonne Hospital, has resumed practice.

Dr. Albert F. Jackson, Nutley, and wife spent a few weeks at White Lake, N. Y., recently.

Dr. Albert N. Jacobs, Sparta, has been commissioned a captain in the M. R. C. and is at Camp Wheeler, Macon, Ga. He was a lieutenant in the Spanish-American war.

Dr. Walter A. Reiter, Summit, has moved from Summit avenue to 10 De Forest avenue.

Dr. Robert Hunter Scott, Newark, and family recently returned from Cape Cod.

Dr. E. Blair Sutphen, Morristown, and wife have returned home from Monmouth Beach.

Dr. William J. Wolfe, Chatham, has returned from his month's trip through the West.

Dr. Peter J. Zeglio, Plainfield, who was seriously injured a few weeks ago has been convalescing in the Catskills.

Early Psychology.—To laugh, if but for an instant only, has never been granted to man before the fortieth day from his birth, and then it is looked on as a miracle of precocity.—Pliny the Elder, "Natural History."

MEDICAL EXAMINING BOARDS' REPORTS.

	Examined	Passed	Failed
Florida, June	30	28	2
Louisiana, June	41	34	7
Michigan, May	59	57	2
Michigan, June	54	53	1
Oklahoma, January . . .	6	4	2
South Dakota, July . . .	11	10	1
Vermont, July	11	11	0

State Board of Medical Examiners.

The next examinations of the State Board will be held in the Capital Building, Trenton, N. J., October 16 and 17, 1917.

Public Health Items.

Contributing Causes.—Unemployment, overwork, congestion of population, child labor, and the hundred economic causes which increase the stress of living for the poor are often contributing factors in the production of mental diseases.—Rosenau.

I was very much impressed several years ago in reading on the church calendar of a certain church in Kansas a note written by the pastor, which was to the effect that "God would not hear the prayer to restore the little one to health so long as the fly-breeding heaps of trash remained in the back yard, which was the cause of the summer complaint." Would that we had more pastors who would preach the gospel of clean lives, both spiritual and physical!—S. J. Crumbine, Topeka, Kan.

"Hygiene is the art of preserving health; that is, of obtaining the most perfect action of body and mind during as long a period as is consistent with the laws of life." So wrote a man who devoted all his adult life to the promotion of the public health and he died at the age of 56 of pulmonary tuberculosis. Edmund Alexander Parkes, born March 29, 1819, physician, surgeon, sanitarian and author left perhaps greater impress on sanitary science than any Englishman of the nineteenth century.

War brings some good things in its train. Just as the Napoleonic campaigns perfected the art of transporting the sick, and the loss of life from preventable disease in the Spanish war quickened the sanitary conscience of the American people, so the horrors of the Crimean campaign made Parkes a professor of military hygiene. He organized a complete course of instruction based on the principle that the student must be able to practically apply the lessons which he learned. Many of the sanitary reforms which he inaugurated are now bearing fruit in the improvement of the wellbeing of the community at large.—Exchange.

Typhoid Fever at Pompton Lakes.

Dr. J. Alex. Browne, Paterson, has been aiding the authorities in seeking the cause of the typhoid fever epidemic at Pompton Plains.

Dr. Browne in speaking of the epidemic, said that the source was discovered several weeks ago by State officials and physicians of the Fifth Regiment when the cesspool at the pumping station was found leaking into one of the main pipes. The source was eliminated at

once. "The cases now breaking out are being caused by carriers or in other words, by contagion," said Dr. Browne. "Direct contact with a person afflicted with the fever, flies, impure milks, water and food are the ways in which the epidemic is now being spread. Somebody in Pompton Lakes is responsible for the epidemic and he should be held responsible. Had the proper method of quarantine been enforced right at the start there would not be the two deaths and ninety some odd cases to-day."

There were last month 24 cases of the fever in the Paterson General Hospital, 9 at St. Joseph's Hospital and 4 at the Barnert Hospital at Paterson.

Newark Board of Health Report.

In a preliminary review of the mortality from and the incidence of contagious disease in the City of Newark during the first six months of 1917, there are unusual features to be seen when compared with the previous year.

The total number of deaths for the six months is 3,272, showing an annual rate of 16.4 upon the estimated population of 400,000. This is a rate approximating that for 1916, which was 16.5 for the year.

First six months of 1917 and 1916 compared concerning the principal reportable diseases:

Typhoid fever, 26 cases, 3 deaths; 37 cases in 1916. Diphtheria, 463 cases, 26 deaths; 558 cases in 1916. Scarlet fever, 413 cases, one death; 728 cases 1916. Measles, 1418 cases, 3 deaths; 8266 cases 1916. Whooping cough, 1148 cases, 16 deaths; 509 cases 1916. Infantile paralysis, 20 cases, 3 deaths; 6 cases 1916.* Tuberculosis, 1499 cases, 423 deaths; 1170 cases 1916. Pneumonia—lobar, 1539 cases, 369 deaths; 1030 cases 1916; broncho-pneumonia, 677 cases, 20 per cent. mortality; 779 cases in 1916. Epidemic meningitis, 39 cases, 19 deaths; 28 cases in 1916.

*The great epidemic of 1916 occurred after June 30th.

For the month of August, 1917, the total number of deaths, from all causes, was 539 as against 647 in 1916.

The total morbidity—reportable diseases—was 1063 cases August, 1917. In August, 1916, 1394 cases were reported, 883 being cases of infantile paralysis and only 99 cases of whooping cough that month as against 4 cases of infantile paralysis and 574 cases of whooping cough in August, 1917.

(The Newark Health Board is the only one in the State from which we receive monthly reports.—Editor).

The Newark Health Board has arranged an extensive program of free lectures on "Sanitation," in their auditorium, Plane and William streets, on Monday afternoon at 4 o'clock, from October 1, 1917, to May 6, 1918. The subjects dealt with cover every branch of sanitation, hygiene and preventive medicine and opportunities for field work in the different divisions of the board will be afforded for those who desire or volunteer.

Infantile Paralysis in Massachusetts.—There have been ten cases of infantile paralysis reported to the State Department of Health for the month of July. At a corresponding date last year twenty-nine cases had been reported.

Putting It Up to the Legislature.—According to its Monthly Bulletin for March, 1917, the Connecticut State Board of Health guarantees to show one life saved for every \$500 placed at its disposal. The proposition is that if the legislature grants the \$119,000 asked for the board will save 236 lives within the next two years. In doing this, it is said, considerable unnecessary illness will be prevented and a great economic saving will be effected. On the proposition to save 236 lives it is said that if a human life is valued at \$1,700 and it costs \$500 to save one, the total saving to the State on an investment of \$119,000 would be \$401,200, or a net profit of \$28,200. It is declared that it is the duty of the State to provide for the welfare of its citizens, and that it is also its duty to invest its funds to the best advantage. It is therefore asked whether a guaranteed dividend of 240 per cent. can be ignored.

An Unbusinesslike Nation.—The merchant accepts past experience as a guide to the need of future supplies; the salesman counts on publicity and education to create a demand for his wares. Shall our cities or our nation ignore their greatest asset and fail to count the daily loss of lives as inexcusable? And yet—to our shame, be it said—we, who claim to be a civilized nation, have still so cheap a notion as to life and death that we are without a national registration law or uniform State laws demanding the reporting of births and deaths.—Haven Emerson, M. D. "Preparedness for Health."

Winds.—Winds are annoying, uncomfortable and objectionable. Wind is likely to fill the air with dust. It interferes with the satisfactory regulation of the body heat. It robs the body of its heat by conduction, if damp, by evaporation if dry. A wind also requires on the part of the individual physical resistance which is exhausting to all but the robust.—Asst. Surg.-Gen. J. W. Trask, Public Health Reports.

An Effective Plan of Social Hygiene.—The Massachusetts Society for Social Hygiene after five years of work has decided that its most effective efforts are educational. It confines its efforts to teaching in quiet ways such parts of sex or social hygiene as may be expected to diminish the amount of sexual transgression and vice, and to check the spread of venereal diseases. As set forth in the Public Health Bulletin of the State Department of Health of Massachusetts, April, 1917, the society's methods of work are as follows: Two paid agents are employed, both of whom have been practicing physicians, one a man and the other a woman. They give all their time to correspondence, to talking to small groups of boys and young men, girls or young women, or fathers or mothers assembled under the auspices of schools, colleges, clubs, associations, settlements, churches, friendly societies, young men's or young women's Christian associations, women's clubs, men's clubs, and to advising the numerous inquirers who come to the office of the society. The sexes are talked to separately, for the most part. Four physicians give their services gratuitously in lectures to groups of

men or occasionally to mixed groups. The field for this work is said to be wider than the society is able to cultivate. A lending library of carefully selected books on social hygiene and related subjects is maintained, which is much used at the office and by groups to whom lectures have been given. A reading list prepared by the society is distributed in thousands of copies, some of which are given out by the public health nurses. Prof. Charles W. Eliot is president of the society and Dr. Irving E. Stowe is secretary. The office is at 50 Beacon street, Boston.

Who knows what we are facing as a nation in the years to come? One thing we do know—there is to be a struggle for existence, and the nation that is physically sound at the core is the nation that will hand down its civilization to the centuries. To study where we are weak, to study how we can make each generation a little better than the preceding one, instead of drifting with the tide of so-called natural evolution and trusting to luck that we shall not meet the destructive fate of all previous civilizations; to find out the facts about ourselves and our children and proceed to do our duty by our bodies and theirs by applying the lessons of science in the art of living; to accumulate health and vitality instead of disease and degeneration—these things I look upon as simple elementary measures in preparation for either war or peace.—E. L. Fisk, M. D.

Cold Storage.—Nothing has been found to indicate that cold storage, under proper operation, has any injurious effect on perishable foods. On the contrary, where the best methods of treating respective classes of foods have been determined, as is the case with a large part of the perishables, cold storage has proved its greatest usefulness to mankind. Perishable food placed in cold storage in good condition will, when kept under proper conditions, be perfectly sound and wholesome when removed after long periods of time.—Fifth Report of Committee on Cold Storage, American Public Health Association.

Venereal Disease.—I have said that venereal disease ruins but does not kill. It does not select itself out by death. The deaths from venereal disease in the British army have rarely ranked more than one to 1,000 of strength, while the cases have ranked as high as 500, and only in the last few years have got as low as 100. Deaths from venereal disease in the civil population of England and Wales were, for 1909, from syphilis 47 per 1,000,000; from gonorrhea, one per 1,000,000. The total deaths from syphilis in Paris in 1909 were 0.397 per 10,000 inhabitants, of which 0.24 per 10,000 were of children under 1 year of age. The deaths from tuberculosis of the lungs were 40.53 per 10,000 inhabitants; from heart disease, 13.67 per 10,000. It is obvious from these figures that venereal disease finds in armies a veritable breeding ground. That such disease is highly dysgenic, i. e., race deteriorating in influence, is indisputable. The frightful effects of syphilis, and its direct communication from parents to children, are fairly well known popularly. But

with regard to the serious effects of gonorrhea, the popular mind is not equally well impressed. Indeed, it is too commonly regarded as a mild and not very shameful disease. But medical opinion is really doubtful whether it is not, in some of its effects, as bad as or even worse than syphilis. About 50 per cent. of women infected are made barren by it. Many are made chronic invalids. It is the commonest cause of infant blindness (*ophthalmia neonatorum*). In Prussia, 30,000 such blind persons are to be found.—V. L. Kellogg.

Better Care of Pregnant Women.

Dr. S. G. Moore, in the *Med. Press and Circular*, London, advocates the notification of pregnancy, because mothers are dying in great number just as children died and still die in excessive numbers from preventable diseases. The majority of them do not come under the care of duly qualified and legally registered practitioners until their condition is desperate, and until the opportunity of taking measures to prevent catastrophe is overpast. Pregnancy cannot be concealed and ought not to be, whether it be legitimate or illegitimate and therefore what valid objection is there to a provision which has for its sole object the welfare of the woman and her baby?

The Fight Against Tuberculosis in France.

France is organizing to combat the spread of tuberculosis after the war among men weakened by hardships of the campaign. About 100,000 men in the army have already been attacked by tuberculosis and of these about 80,000 have already been sent to their homes. A great chain of national sanatoriums is proposed to handle this problem. In 1915 a yearly credit was opened by the government which assures tuberculous soldiers of a certain amount of assistance during the war. There is also an arrangement which allows tuberculous soldiers three months in a civil sanatorium at the expense of the state.

Medico-Legal Items.

Doctor's Certificate.—The Supreme Judicial Court of Massachusetts holds that the constitution of a mutual benefit insurance society requiring as condition to readmission to membership on the return of a member who has left the country a certificate of its physician that he is "physically and mentally" sound is not satisfied by one that he is "still sick with indigestion, but improving."—*Societa Unione Fratellanza Italiana v. Leyden* (Mass.), 114 N. E., 738.

Authority of Trainmaster to Employ Surgeon.—In an action by a surgeon against a railroad company to recover for services rendered after the termination of a written contract of employment at a fixed salary it appeared that some of the services were rendered at the request of a trainmaster who had apparent authority to act for the company, that other services were rendered on the sudden emergency of an accident and at the request of the trainmaster, and that the remaining services were in attending patients who had been injured before the contract had expired,

with the full knowledge and acquiescence of the company. It was held that the case was for the jury, and a judgment and verdict for the plaintiff was sustained.—*Stewart vs. New York Central*, 62 Pa. Superior Ct., 234.

Medical Evidence as to Effect of Eating Tainted Meat.—Action was brought against a retailer of meat for damages for sickness alleged to have been caused by eating unwholesome dried beef sold by the defendant. It was alleged that the plaintiff ate of the meat soon after purchasing it, and that it caused him to become ill, to be thrown into fits and spasms; that his digestive system, had become so impaired as to render his life a burden to himself and his family; that he had lost control of his excretory organs, and that his health had become permanently impaired. It was urged by the defendant that the trial court erred in admitting the testimony of two physicians, who expressed the opinion that the plaintiff's sickness was caused by eating the meat, because their opinion was based partly upon the history of the case as detailed to them by the plaintiff. It was asserted that this should have been excluded as hearsay. But neither of the physicians repeated what the plaintiff had said. It was obvious that no intelligent examination could have been made, nor any intelligent opinion expressed, without taking into consideration both the subjective and the objective symptoms. The evidence was held not objectionable as being hearsay.—*Fleisher v. Carstens Packing Co.*, Washington Supreme Court, 160 Pac. 14.

Books Received.

All books received will be mentioned by title with the names of their authors, publishers, etc., and this will be considered by the committee as sufficient acknowledgment to the publishers. Selections will be made for review as the merits of the books or the interests of our subscribers may warrant.

"A Manual for Physical Diagnosis." By Austin Thub M. D., L.L. D. Seventh edition revised by Henry C. Thacher, M. S., M. D. Published by Lea & Febiger, Philadelphia and New York, 1917. Price, \$2.50.

There is nothing in particular to say about this book. It is an old book and remains a good work on physical diagnosis, especially when brought up to date, as it has been, in this addition.

Dr. Horsford.

"Medical Institutes." Prepared and issued by the Propaganda Department of the Journal of the American Medical Association. Chicago, Ill. A 135-page pamphlet containing interesting reading prepared by the Propaganda Department as part of its work in giving the public the facts regarding the nostrum evil.

"Birth Statistics for the Registration Area of the United States, 1915." First annual report by Department of Commerce, Bureau of the Census. Sam. L. Rogers, Director.

Third Annual Report of the International Health Board, (The Rockefeller Foundation). Jan. 1, 1916-Dec. 31, 1916.

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ORATION IN MEDICINE.*

Delivered at the 151st Annual Meeting of the
Medical Society of New Jersey, At-
lantic City, June 12, 1917.

THE PROTEIN POISON IN HEALTH AND DISEASE.

BY PROF. VICTOR C. VAUGHAN, M. D.,
Ex-President of the American Medical Asso'n.
Ann Arbor, Michigan.

I am afraid that my subject will be a little dry. Some years ago I decided to study the chemistry of bacteria, and the greater part of the past fifteen years of my life have been spent in this study. The results of this study have given me a little different idea concerning infection from that which is generally held, and the purpose of my talk to-night is to give you my ideas concerning infection.

In the first place, in order to study the chemistry of bacteria, it was necessary to obtain bacterial cell substance in large amount. After many trials and many failures, I succeeded at last in constructing a tank in which bacteria are grown. I will not go into the details of this tank. I should have lantern slides of it. But I didn't come from home. I have been in Washington for the past ten weeks, and haven't the slides with me. Suffice it to say that I succeeded in getting large tanks in which bacteria may be grown, so that you get bacterial cell substance in pure form, literally by the pound.

I have followed the procedure of the scientific farmer and have rotated my crops. I ordinarily grow on the tanks, first, a crop of pneumococcus. I grow this at 38°C. It reaches its maximum growth in about four days. This is removed, and the same culture medium is disinfected, or again, steril-

ized, and typhoid planted on it. The typhoid bacillus grows as well after the pneumococcus as it grows on a fresh culture medium. I grow typhoid bacillus for fourteen days at ordinary room temperature; then I take that off and grow colon bacillus. Two or three crops of colon bacilli. Two crops usually pay. The third crop, as a rule, does not. Then, after growing colon bacillus, I grow some saprophytic organism, and in this way get from my tanks the greatest use possible. I may say that it costs \$75, or did some years ago; I suppose the cost now would be two or three times that to load these tanks, and, consequently, I want to get as much as I can.

These tanks are 10 feet long and 2 feet broad, so that I have 20 square feet of germ substance growing in a tank. I run six of these tanks at a time, making 120 square feet of germ substance. You know bacteria are generally grown in test-tubes, and you can see the difference between growing 120 square feet of germ substance and growing the small amount that we could get in a test-tube. These bacteria are taken from the tanks. You simply have to loosen the growth, put on a water pump and pull it over into any receptacle you want to. Then all extractive and soluble matter is removed. We extract with alcohol the first three days, with ether for four days. In this way we get all the extractives and fats out of the cell substance. The result is that we obtain, as I say, bacterial cell substance, literally by the pound.

A good yield of the typhoid bacillus, for instance, from these six tanks is something about a pound, actually five hundred grammes. If you take this and powder it, rub it up first in porcelain and then in agate mortars, you obtain the cell substance, without any admixture. There is no danger in handling any of this material, if you proceed with caution. I have found that all of

*This Oration is given from our stenographer's report which fails to do it justice.—Editor.

my assistants who were engaged in grinding up the typhoid bacilli, even wearing masks as they all did, that every one of them was poisoned the first time they ground up typhoid bacilli. About two or three hours after beginning to grind, the individual would have a severe chill, with marked aching in the bones, and this chill would be followed by a fever, which would run up sometimes as high as 106, and then would gradually subside. This apparently gives immunity; so that in the subsequent grinding, even when care was not used by the man (I have never permitted anyone to grind without a mask)—no unfortunate result ever occurred.

Now you understand that this is dead bacterial cell substance. When you put some of this under the microscope, you will find the bacilli are still very much as they appear in fresh cultures; in fact, you could not tell the difference, except that some of them are more or less broken mechanically by the grinding. I have bacilli grown over twelve years ago in a powder, and putting some of these under the microscope, they appear as fresh bacilli would. You see, we have removed, by this process, all extractive matter from the bacterial cells. I have found that if I took these dead bacilli and injected small amounts into animals, that they made the animals ill, and if sufficient quantity was used (and the quantity with most bacteria need not be large), it kills.

Now, there are some very interesting things about the poisonous action of this dead bacterial cell substance. I attempted to extract from these dead bacilli the poison and get it in soluble form. I worked over this for several years before I succeeded in doing so, but at last I hit upon a method which I have no doubt can be greatly improved, but it works very satisfactorily. I take a 2% solution of caustic soda in dilute alcohol and boil in it at 78° (the boiling point of alcohol), this dead cellular substance. The poison passes into solution, while the non-poisonous part remains undissolved. Now, this poison is a pretty active poison. Five-tenths of a milligramme of this poison obtained from the bacteria injected intravenously into a guinea pig will kill it. Remember that a milligramme is one-sixty-fourth of a grain; and half one-sixty-fourth or one-one hundred and twenty-eighth of a grain of this poison kills.

Having found this poison in pathogenic bacteria, quite naturally, I tried non-pathogenic bacteria, and I was somewhat surprised to find just as much of the poison in

non-pathogenic bacteria as in pathogenic bacteria. In fact, that bacterium which has furnished me the largest amount of poison, is the bacillus prodigiosus, which is a non-pathogenic bacterium. Having found this poison, which I have called the protein poison, in both pathogenic and non-pathogenic bacteria, quite naturally I went to work to find out whether animal protein contains this poison. So I worked with the white of egg, with albumin, and I worked with blood serum, with the fibre of meat and various other animal proteins, and I found the same poison in these proteins that I found in the bacteria.

When I reached this point, I may say that I got into a stage of fright. I wondered whether my vegetarian friends were right, after all, and that we were wrong in eating animal proteins. So with somewhat feverish haste I set every resource of the laboratory at work to find out whether vegetable proteins contained this poison or not; and I was very much gratified to find that they contained just as much of the poison as animal protein does. So, so far as the poison is concerned, it does not make any difference whether it is a bacterial protein or an animal protein or a vegetable protein. There is a poisonous group in all proteins; it is apparently the same group. I say apparently the same group. So far as its physiologic action is concerned, it has the same effect upon animals and upon men. Because I have tried this upon myself and some others, cautiously, of course. There are slight differences, chemically, no doubt, between these poisons from different sources; but all proteins contain a poisonous group. This I worked out some years ago, and I may say that it has been so widely and so universally confirmed that I think I can say with absolute certainty to-day that every protein contains a poisonous group. Nicole in France, was the first foreigner to take up this work, and he confirmed it. Later Friedberger, in Germany, and various men in nearly every part of the civilized world have worked at it, and all have reached the same result. So there is no question now that protein contains a poisonous group.

Now, let us suppose, for a moment, that we take a guinea pig and we inject into it a living germ; a colon bacillus, or typhoid bacillus—some germ that is pathogenic to the guinea pig. What happens? For a period of time, which varies with the amount that you have injected and the virulence of the germ, that animal shows no symptoms

whatever. There is nothing in the behavior or the attitude of the animal which would enable you to distinguish it from its fellows. In this period, which is the period of incubation and during which the germ is multiplying rapidly in the animal body, the animal is not disturbed in any recognizable way. Sooner or later, however, the animal has a chill; the coat becomes rough; it crouches in one corner of the cage; it begins to shiver, and you find that it has some elevation of temperature. This is followed, if a fatal dose has been given, by a fall in temperature and by death. Now, this is a living bacillus. If you have made your injection intraperitoneally, when you autopsy your animal you will find that there is a marked exudative peritonitis. This results from injecting the living bacillus.

Now, instead of taking the living bacillus, we take the dead bacilli and inject in the same way; exactly the same thing happens, in exactly the same sequence. For a period which again varies with the dose, the animal is in no way distinguishable from its fellows. Then it has a chill, then some slight elevation of temperature, then a fall in temperature, then death; and the same post-mortem findings as with the living bacillus.

Then you take the poison which has been split off from the dead bacillus, and inject that into a third animal. Now you have no period of incubation; within a few minutes, generally within three or four minutes after the intraperitoneal injection, the animal begins to scratch itself, not only about the place where the injection was made, but all over its body. This is the first stage of protein poisoning. It is the stage of peripheral irritation. In man it is manifest by urticarial rashes. This passes off in a very short time and the second stage comes on. This is one of partial paralysis. The animal is no longer able to co-ordinate its movements. It drags its posterior extremities when you try to make it walk. It lies on its side, or on its abdomen, with rapid respiration. This passes into the third stage, which is a convulsive stage, and which terminates in death.

Now, from these experiments, which I have gone over very hurriedly, I want to draw some conclusions. First, I may say that it has been generally stated, in all the text-books upon bacteriology, that bacteria are low forms of vegetable life. Whether this be true or not, depends upon your definition of a vegetable organism. Most chemists say that a vegetable substance is one which contains cellulose. Now, if this be a

distinguishing feature between vegetables and other organisms, bacteria are not vegetable organisms. They contain no cellulose. They are not plants. You are ready to ask me if they are animals. I would say, "No. They are bacteria. In a class quite distinct from either the plants or the animal." Bear in mind, as I stated a moment ago, that dead bacteria will kill, often much more promptly than living bacteria. Of course, you have got to inject a little more of the dead bacteria.

Then I came to the conclusion that it is not the growth and multiplication of bacteria in the body which cause the symptoms and lesions of disease. That is the first important conclusion that I want to emphasize. I was in the habit of teaching my students that the ulcers in typhoid fever are due to the bacteria in the intestines gnawing and eating the intestinal walls. Now, I can produce ulceration in the intestines of animals with dead bacteria just as well, and in fact, a great deal better than I can with living bacteria. I can kill animals just as promptly with dead bacteria as with living bacteria; and, when they are dead, I find exactly the same lesions after death with dead bacteria as I do with living bacteria.

I therefore conclude, as I say, that it is not the growth and multiplication of bacteria in the body which directly cause the symptoms and lesions of disease. If a man, susceptible, should swallow some typhoid bacilli to-night, he would not have typhoid fever before morning, would he? He would not have typhoid fever to-morrow, nor next day, would he? The period of incubation in typhoid fever has been worked out probably more closely than any other disease. When Reed, Shakespeare and I were studying typhoid fever in 1898 in the camps in the United States, we tried to work out the incubation period in typhoid fever. The method that we used at that time was open to some objections. The method was briefly this: we would take a batch of nurses coming to Chickamauga and going into the Sternberg or Leiter hospital. We would assume that those nurses reached Chickamauga without being infected with typhoid fever. Then we would watch and see when those nurses came down with typhoid fever. And in no case did a nurse coming to Chickamauga and going to work in either of those hospitals come down with typhoid fever in less than ten days. So we concluded that the period of incubation in typhoid fever was something less than ten days. That was as near as

we could get to it. Of course, we made a great many other observations. Many of the Pennsylvania regiments that went into the army at that time went in with eight companies and typhoid fever was widely distributed among those eight companies. When the companies were filled up by new companies sent from Pennsylvania, we watched the men of those new companies coming into the widely infected area and found out when the first of them came down with typhoid fever. In this way we collected a large amount of information, showing that the period of incubation in typhoid fever was something less than ten days. Just how much less we could not say. But since that time the thing has been worked out much more in detail.

In nearly every laboratory of any size in this country and in Europe someone has, for the most part accidentally, some through bravado, inoculated themselves with typhoid fever. Students have intentionally swallowed cultures of typhoid bacilli. In two or three instances this has been done for the purpose of committing suicide. And we now know that the period of incubation in typhoid fever is between six and ten days. That is, from the time of swallowing the typhoid bacilli until the first symptoms of the disease come on, is between six and ten days.

I have gone into detail simply to emphasize the period of incubation in infectious diseases. In every infectious disease there is a period of incubation. In some diseases it is shorter, in others it is longer; but there is always a period of incubation. During this period of incubation there is no symptom. As a rule a man in the period of incubation of typhoid fever feels unusually well. There is no recognizable sign or symptom during the period of incubation; and during this time the bacteria are multiplying in that man's body by the millions every hour. And still there are no signs, no symptoms. Another proof that the symptoms and lesions of disease are not directly due to growth and multiplication of bacteria in the body.

When the period of incubation stops and the period of disease begins, there is a different process brought into play. The body cells now begin to destroy the bacterial cells. Now the poison is set free; now we have the symptoms and the lesions of the disease. It is, therefore, the destruction of bacteria by the body cells that cause the symptoms and lesions of disease, and not the growth and multiplication of bacteria in

the body. This is interesting; and I want to point out just a few of the interesting facts that lie behind it. When we were engaged on our study of typhoid fever—and I may say that we studied 20,000 cases—when we went into that study, we had the idea that most people had at that time, and I think the older people have to-day; and that is, that the frail, the people in poor health, wanting in power, would be the ones most likely to have typhoid fever; that with an army of 100,000, or any number, we would find more typhoid fever among those who were not robust than we would among those that were specially robust. With this idea in mind, we went through many thousands of cases, studying the previous history; and in case of the regular soldiers it was possible for us to go back to the period of enlistment, however far back that might be. Sometimes only a few years, sometimes many years. We had not gotten very far in this work before we found out that our preconceived ideas were all wrong. Among some 8,000 men who were frequently on sick report, men who were not up to par, men who had every now and then a gastro-intestinal disturbance, who were in the hospital for this or that; among these thousands of men under par, between 6 and 7% had typhoid fever. Among 42,000 men who were never sick in their lives, at least in their adult lives, 18% had typhoid fever.

This startled us; but if you stop and think about it just for a few moments, you can easily understand why it is. A German has written a great book; that is, great in size, as many of the German books are—and we have quoted him frequently—in which he tries to show the influence of sex and age on typhoid fever. He points out that more men have typhoid fever than women. Sure, sure, of course, they do. My wife is at home most of the time drinking boiled water; I am running around all over this country drinking all kinds of water. The soldier who was frequently on sick report was in the hospital drinking sterile water; the rugged soldier, he was the man who was sent on scout duty for miles and miles, and the water in his canteen would be dirty—he would fill it anywhere. No wonder that more men have typhoid fever than women. No wonder that more young adults have typhoid fever than old adults. No wonder that more adults than children have typhoid fever. Because of exposure.

But there is a still more interesting thing.

and I am sure it will strike some of you as an impossibility. You take a hundred cases of typhoid fever among robust and vigorous people; then take a hundred cases of typhoid fever among frail people, and the mortality among the robust will be greater than among the frail people. We thought, when we worked this out in 1898, that we had made a discovery. And it was with some fear and trembling that we put it out. But we did so. Subsequent investigation showed that it was no discovery. A hundred years ago the old clinicians who studied typhus fever in Ireland knew that just as well as we learned it, and knew it a great deal better. In the old epidemics of typhus fever in Ireland, the death rate, the mortality among those sick, was about one out of twenty-three; that is, out of every twenty-three people with typhus fever, one died. The death rate among the doctors and the nurses and the priests who took care of the typhus fever in Ireland, was one out of three. The well-fed, the robust and vigorous, had this high mortality, while the frail had the low mortality. Indeed, I found one old author, an English author, stating that typhus fever went through his community, as he says in his quaint language, "Picking out the healthiest, the handsomest, the most robust, even as you or I would go through a flock of sheep." By the way, and it may be interesting to you to know that, this is the basis for the old bleeding treatment for fevers. A ship's surgeon in the time of Queen Anne noticed that men who were wounded, or who from any cause were bled freely, recovered in a larger per cent. from typhus fever than men who were robust, vigorous. He resorted to bleeding. That is the foundation for the old treatment of the disease by bleeding. It is a historical fact.

This is of importance for many reasons. In the first place, some people still say that we are doing wrong in trying to prevent infectious diseases. Even Herbert Spencer, the great philosopher of modern science, said that all this effort on the part of physicians to prevent infectious diseases—scarlet fever, smallpox, typhoid fever, typhus, et cetera—it was all wrong. And now and then we meet somebody who still has that idea. They say it is all wrong. I have no doubt you have all heard that idea expressed. Because Herbert Spencer said these diseases killed off those who ought to be killed off. And that the race is the better in the long run, for these diseases. That sounds perfectly absurd, doesn't it? But

that is the doctrine that Herbert Spencer taught.

This is not true. The acute infectious diseases kill the most robust and the most vigorous, and they destroy the flower of the nation, just as war does. And there is good reason for believing that it was disease, rather than luxury, and bacteria, which led to the decline and fall of Rome and Greece. This we can't go into just now, however interesting it may be. If a man has an infectious disease, it makes no difference what it is—the most typical are the acute infectious diseases—when the body cells become sensitized and he begins to destroy the bacteria, he puts up a vigorous fight and he either gets well speedily or he dies. While the man of less robust strength makes a milder fight, sets less poison free, and in a larger per cent. of cases recovers. This is also consonant with the treatment that we have found to be most beneficial in typhoid fever. The symptoms and lesions of typhoid fever are due to the body cells destroying the bacterial cells, and when we lower the temperature of the body by cold baths, we simply cause a let-up in that destruction. We lessen the rate at which the bacterial cells are destroyed. We do not shorten the typhoid fever at all. But the more robust and more vigorous a man is, the more rapidly he destroys the infecting organism, and, like in so many other cases, nature overdoes the thing, destroys the bacteria too rapidly, a large amount of the protein poison is set free and death results.

This is one of the important conclusions which we reached. I don't think that anyone who will go into this thoroughly and looks up the history of the whole thing, as I have done, can have the slightest question about it. Another thing: the fever which accompanies the acute infections is due to the splitting up of the bacterial cells by the body ferments, and not by the growth and multiplication of bacteria. And fever, in and of itself, in the acute infectious diseases is a necessary process. It is essential. Fever in and of itself is not to be feared until it reaches a certain point. The higher the fever, the greater the rate at which the bacterial cells are being split up. When that fever gets up to 105 or 106, then the bacterial cells are being split up too rapidly, and every effort on the part of the physician should be made, not specially to lower the fever, because that is simply a symptom, but to delay the splitting up of the bacteria.

That this is true there can be no doubt.

As long ago as 1909, experiments proved it, and this experiment has been repeated a great many times in a great many laboratories and in all cases confirmed—you can take animals and produce in these animals, by injecting proteins, almost any kind of a fever that you want to. For instance, you can take rabbits and by injecting white of egg in very small amount and in frequently repeated doses under the skin every five or twenty minutes, within seven or eight hours that animal's temperature will go up to 107, and it will die. Instead of injecting it so often, you inject it once or twice a day, and keep this up, you can have a perfect simulation of typhoid fever. You can run it just as long as you want to; the animal lives three weeks; then you may take this curve and submit it, as I have done, to skilled clinicians, and ask them what disease is represented by that curve, and they will say typhoid fever. Fever, then, is due to the destruction of proteins parenterally; that is, not in the intestine, but in the blood and in the lymph—the parenteral digestion of protein.

There is another point in this connection which I am not so certain about. I want to speak with a little caution about this. The probabilities are—everything so far points to this—that structural diseases of the kidneys, which we call Bright's disease, are for the most part due to the parenteral digestion of proteins; that is, their digestion in the blood and in the lymph, and the elimination of the protein poison through the kidneys. I said I would not speak emphatically about this. Longcope has worked at it very carefully and very earnestly, and he has found that by the repeated injection of foreign protein, horse serum for instance, into the rabbit and other animals, he gets structural disease of the kidney. Newburg has done the same thing, so that while I would not say with absolute certainty, it is pretty sure that many forms of Bright's disease are due to the digestion within the blood and lymph of foreign proteins, and the elimination of the digestive products through the kidneys. This may happen as a result of imperfect digestion, so that some of the proteins that we eat are absorbed and get into the blood and there digested and then eliminated through the kidneys; or it may be due and is due in many cases, undoubtedly, to the minor infections, where the bacterial proteins find their way into the blood and are digested, and the products eliminated by the kidneys.

The work of Rosenow on the cause of

same line. I don't know just how much of Rosenow's work is to be confirmed and how much, if any of it, is to be upset; but I have no doubt there is a great deal of truth in it. Nearly thirty years ago I started out to prove arsenical ulceration of the stomach by the administration of arsenic by mouth. I found that an old experimenter in 1750 had worked upon that. I advise any of you young men who are making discoveries never to read the literature. Certainly, not to go back very far. I don't know how many discoveries I have thought I made when I found, on reading, that somebody a hundred or two hundred years ago knew a great deal more about it than I did. I thought I could give arsenic by mouth to animals and that a little bit of arsenic resting on the mucous membrane of the stomach would corrode it and cause an ulcer. Well, I had great difficulty in doing it. I experimented upon a great many animals and got practically no results. Then I went to reminiscing through the literature and found that Spargel in 1751 had worked at this thing and he had found that if you injected arsenic subcutaneously you got these ulcerations; so I went to work and injected arsenic subcutaneously, and had no trouble in getting the ulcerations. It is a physiological law that any foreign body finding its way into the blood or lymph tends to be eliminated into the alimentary canal. That is, where it should be digested, and it is the elimination of these poisons from the blood and lymph into the alimentary canal that causes gastric and duodenal ulcers, as the work of Rosenow indicates.

Let me try to sum up, put the thing in shape. I know it is difficult in a short time like this to make these things plain.

An infection occurs in this way: a virus of some kind—it may be a bacterium, it may be a protozoon, it may be a filterable virus—finds its way into the body. It grows and multiplies—and only those bacteria are pathogenic which are capable of growth and multiplication in the body. If a bacterium cannot multiply in the body, I don't care what it is, it cannot cause disease. It cannot cause an infection. It cannot multiply in the body. That is certain—you can all see that. Whether it can multiply in the body, or not, will depend upon two things: Can it feed upon the substance of the body? If it cannot, of course, it cannot grow and multiply. Second, will the body cells and juices destroy it? If they destroy it immediately, then, of course, it cannot grow and multiply.

growth and multiplication in the animal body. It may be pathogenic to one species of animal, not pathogenic to another. The anthrax bacillus is pathogenic to ordinary sheep, non-pathogenic to Algerian sheep. The smallpox virus is pathogenic to a man who has never been vaccinated, or has never had the smallpox; to the man who has been vaccinated, or who has had the smallpox, the smallpox virus is non-pathogenic. Why? Because in the man who has been vaccinated, the cells of his body have been trained to throw off a ferment, which will digest smallpox virus, as soon as the smallpox virus enters that man's body; before it has time to grow and multiply, it is digested and destroyed. The typhoid bacillus is pathogenic to the man who has not already had typhoid fever, or who has not been vaccinated for typhoid fever; the typhoid fever bacillus is non-pathogenic to the man who has had typhoid fever, or who has been vaccinated with typhoid fever; and why? Because the man who has had typhoid fever, or the man who has been vaccinated for typhoid fever, has had his cells protected and trained to digest typhoid bacilli as soon as they come into his body; therefore, they cannot grow and multiply.

Another way of looking at it is this: Everything that lives, as I tell my students—everything that lives, except the silly girl and the fool boy—can be educated; they are the only two exceptions. Everything that lives can be educated. The cells of our bodies are living things. And what is the whole process of vaccination? It is simply training those cells to digest a certain protein. If we give a man a dose of dead typhoid bacilli, the next week we give him another dose, and the next week another dose, what are we doing? We are training his body cells to digest typhoid protein; and when at some subsequent time he swallows water containing typhoid bacilli, those bacilli that get into his body are digested, eaten up, destroyed, and he is free from typhoid fever. This is the whole thing about vaccination. Let me put it a little differently, still. During the period of incubation the invading organism—bacterium, or virus, whatever it may be—furnishes the ferment, the body furnishes the food, the processes are synthetical, constructive, and consist in building up the simple non-protein bodies into typhoid proteins. There is no poison set free, there are no symptoms and no lesions of the disease, during the period of incubation. During the active period of the disease, the body cells furnish the fer-

ment, the invading organisms constitute the food; the processes are analytical and destructive, protein poison is set free and we have the symptoms and lesions of the disease.

You may say, what does all this amount to? I don't know that it amounts to very much. It is always a pleasure to work at these things, and that is the principal reason I have worked at it; not that it was going to have any practical use, but simply because I had a good time working at it. I enjoyed it. But there are certain lessons, it seems to me, that in the acute infectious diseases the purpose of the physician, if he is going to save life, should be to control, so far as he can—and he can largely control—the rapidity with which the bacterial cells are destroyed. A man in the midst of typhoid fever, with his blood and his tissues filled with typhoid bacilli, nothing worse could happen to that man than the immediate destruction of all the bacteria. It would kill him surely. The amount of poison that would be set free by the splitting up of all the bacteria within a short time, would kill him.

I know that some of you are wondering why I don't get to another point, and I approach it with a good deal of caution. And that is, the use of bacterial vaccines. I think we should be very cautious about that bacterial vaccine business. Undoubtedly, typhoid vaccine is all right; I have no doubt that cholera vaccine is all right. And probably there are other diseases that can be treated with vaccine; but, knowing protein poison as I do, while I have never killed anybody with it, I have come mighty near killing a lot of people, and I have had my hair up on end many a time, and it was rather good luck than anything else that I hadn't killed anybody with it—I am going to leave it for a braver man than myself to use phylacogens and all those shotgun bacterial mixtures. I don't mean to say that vaccines other than those that I have mentioned are useless, but I know that they are dangerous, and I can readily understand why they are; and I think the work which I have tried to detail to you shows why. With acne pustules over the skin, you inject some of the autogenous vaccine, what does it do? It produces in the body a ferment, which destroys these bacteria, and this ferment is diffusible through the body, and it will reach the pustules.

You take a man with initial tuberculosis. *Initial tuberculosis!* Always a local disease to start with. You may treat him with

tuberculin. I don't use tuberculin. I dare say my friend Minor here does. I don't know. I used to. Tuberculin has been used since 1891. Eighteen hundred and ninety-one is a long while ago, isn't it? And still I think we don't know whether it is worth anything, or not. Is that right? I think you will agree with me also if I say that while it has done some good, it has done a great deal of harm. I can understand how in an initial tuberculosis the use of tuberculin may sensitize a large number of body cells and increase the amount of ferment which is poured out and which is diffusive and will reach, possibly, the few bacteria that are in the body; and so it may be of benefit. That is the most I can say—it may be of benefit. But that tuberculin is of any value in any but the most initial cases, in even moderately advanced tuberculosis, I do not believe. Just how often vaccines will be practical I can not say, but I think this is the principle: that when the trouble is a local one, when it is practically outside of the reach of the circulation, good may be done by increasing the amount of specific ferment, which will digest that bacteria, and nothing more than that.

A STUDY OF TUBERCULOUS LUNG LESIONS AS REVEALED BY X-RAY PLATES AND THE VALUE OF THESE IN PHYSICAL DIAGNOSIS.

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Mr. President, Members of the New Jersey Medical Society: I very gladly accepted this invitation as I felt that my years of work on tuberculosis would justify your interest. I had no idea that I would be preceded by Dr. Vaughan's wonderful address last night, nor that I was going to be followed by Dr. Minor, who is the President of the National Association for the Study and Prevention of Tuberculosis. And then, when I came in here and saw the personnel of this Society, I began to wonder whether my small offering was worthy of your attention.

I am here because I want you to become familiar with a new method of studying the

pathology of the lung. This method consists of studying lesions in the light of their different densities, rather than of their cellular pathology as revealed by the microscopic sections. The great practical value of this lies in the fact that the knowledge gained by such pathological studies can be applied to the studies of the living chest. Therefore, it is useful to the patient as well as to the scientist, inasmuch as it directly states correct diagnosis and prognosis, and so influences treatment. We differentiate lesions by the light of their differences of densities, as we study them by the x-ray; since x-ray plates are a record of differences of density, no more and no less. But the study of these plates, the interpretation of what these different densities mean in terms of anatomy and pathology, had to be founded upon the lung research work, that I would like briefly to outline to you.

My first question was, of course, what plate markings are characteristic of healthy individuals, and to the density of what anatomical structure are these normal plate markings due? This question was answered by making and studying stereoscopic x-ray plates of fifty normal individuals at Johns Hopkins Hospital in 1910; and the identification of the anatomical foundations of these findings then and there received Dr. Welch's careful criticism and approval. Continued study revealed that the plates of tuberculous chests showed a striking contrast to those of healthy individuals; and I then sought to standardize the tuberculous markings also, and to differentiate the normal and tuberculous plates from each other and from those of other pathological conditions.

As it had been previously necessary to find the anatomical structures causing the markings of varying densities on the normal plate, so it now became necessary to prove what pathological structures caused the change of density represented by the characteristic tuberculous markings. This work was prosecuted in the Tuberculosis Sanatorium of Cincinnati for several years, from the first with the understanding that in the demonstration of this subject it was necessary to turn, not to the pathological laboratory, but to the anatomical one, for the exact knowledge of not only the how, but the why and where of tuberculosis. For the last few years I have been carrying on this work, therefore, with the co-operation of Prof. William Snow Miller of the Anatomical Department of the University of Wisconsin, both there and in Cincinnati.

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Research was necessary as there was nothing in the pathology of the lung, as we knew it from cellular pathology, that would adequately interpret the conditions revealed by the x-ray plates; and it was only after studying each pathological lesion shown on the plate by the actual serial sections of such lesion, that the true basis of the pathological condition was understood and proved. Having given the outline of this entire piece of research work, let me show you concretely my conclusions, by examining with you the markings of normal and pathological chest conditions as shown by lantern slides of roentgen chest plates. As I am anxious to hear Dr. Minor's paper, I will omit a good deal, just trying to bring clearly home to you the few things which I believe most important.

First of all, let me say to you what I think as clinicians you have a right to demand of every x-ray man who examines your patients. Not what can the man do who has spent twenty years of his life on this subject, but what have you as clinicians the right to demand of every x-ray man. You have the right to demand the location, the absolute location within the lung of the density which he describes to you as a tuberculous density. If you allow the x-ray man to talk to you about hilum shadows and calcified areas, he might just as well stand on the platform and point to every one of you as patients, and say: "This man has calcified areas at the root of the lung." We all have, but that is no diagnosis for which you ought to subject your patient to any cost or yourself to any trouble; but if, when you get his report and it tells you in what part of the lung the lesion exists, whether in the upper lobe and what part of the upper lobe, whether in the middle or the lower lobe, etc., then you have received a proper report upon which you may continue your further studies.

And from the x-ray plate he has no right at all to say: "Well, this man has tuberculosis, and is going to get well, or to die." We may make such a diagnosis, we may make such a prognosis, but for them we do not depend only upon the x-ray plate; we depend upon the clinical work to finish up the evidence of the plate, and not for one minute would I want to go beyond that to you.

Certainly, it is possible to say in many cases "this is an acute tuberculosis, and the prognosis is bad." It is often possible to read a man's history, to say he has been probably a dissipated man; we may go on and say approximately how old he is and

what his habits were and probably guess at some of his past from a study of the plates, but that is not scientific medicine. You must ask your roentgenologist to tell you where, chiefly where, a pathological density exists. If I can carry that thought home to you and home to the x-ray man, I have performed a real service. Let us, now, have a few slides, and try and see how we read those. (Slides were exhibited).

This is to show you the underlying anatomy and pathology of the lung upon which this x-ray work is based. I am going to show some of the anatomical work of Dr. Miller and some of the pathology that we have worked out, and in a few moments will try to outline to you the pathology of tuberculosis and will explain to you why I believe that we have on the x-ray plate a definite marking which in itself is characteristic of tuberculosis.

The characteristic marking of tuberculosis—and it is quite characteristic—is a fan-shaped density with the base of the fan towards the pleura and the apex of the fan towards the hilum, and connected to the hilum by a heavy trunk. The pathological lesion within the lung which causes this is interesting to note, due as it is to the fact that tuberculosis in the lung is not a little globular tubercle which we are able to see; but that by the time we get clinical tuberculosis we have not one tubercle, but a conglomeration of myriads of tubercles, which spread out towards the periphery and which assume a triangular shape; and it is to be noted that the triangle must be so arranged that its axis is one or the other of those trunks of which I will speak to you later.

This triangular shadow on the plate is that of a cone of denser tissue in the lung; the cone shape is the result of the anatomy of the lung, but its increased density is due to the pathology of tuberculosis, which may cause calcification, caseation, increased connective tissue, tuberculous infiltration (tubercles), and exudation. Why it extends out towards the periphery, rather than down to the root, is a problem which we take up a little later. The effect of these varying densities is to cause the shadows on the plate to appear as interweaving due to thickening of the trabeculae and other tissue, a filmy cloud effect due to exudate; a mottled effect due to tubercles; or larger areas of density due to caseation; brilliant dots along the ribs of the fan, due to calcification; or if the lesion is sufficiently advanced so that the lung tissue is destroyed, we have the lung markings blotted out. The lesion which most nearly simulates tubercu-

losis is caused by mitral stenosis. The differential diagnosis between tuberculosis and mitral stenosis rests upon the fact that tuberculosis is a progressive disease and its distribution is uneven throughout the lungs. Therefore, there is not an even density as there is in many heart lesions. It is this lack of homogeneity and these fan-shaped areas that help you to make the diagnosis of tuberculosis.

The denser spots you see on all plates, are often pointed out as caused by infection. They are calcified areas in the lung, which are the remains of a healed tuberculous lesion, but now are of no pathological or clinical significance. We know everybody had tuberculosis at sometime, not most people, but everybody.

The first thing which we had to do in studying x-ray plates was to map out for the first time the markings of the normal lung plates. It was just the same problem that confronted some man originally when he attempted to draw a map of the stars of heaven. It seemed almost beyond us; it looked almost as though it were impossible; and I think one of the biggest things that I have done has been to describe and locate these various trunks which exist in the lungs. It is most important that you have clearly in mind the bronchial tree as seen upon an x-ray plate.

I have touched briefly upon the significant characteristics of an x-ray plate of a tuberculous chest. I have said that after studying the anatomy of the chest by serial sections to identify the shadows on the x-ray plate, that we pursued the same method with tuberculosis. That is, we studied each pathological lesion shown on the plate by the actual serial sections of that lesion. And through this study we came to have a very clear, because demonstrated, idea of the origin and progress of tuberculosis.

Now I wish to show that the tuberculous lesion starts in the lymphoid tissue within the lung and is spread first through the lymphatics, later by breaking into a bronchus, and later still by penetrating into the veins. Furthermore, while the greater part of the lung is drained by the lymphatics toward the hilum, the peripheral portion of the lung is drained by lymphatics which join those situated in the pleura.

I do not wish to deny that a tuberculous lesion can start in a capillary or another vessel; nor that it may start within some division of the bronchial tree. Lesions have proved to exist in each of these locations;

but I do wish to reassert with emphasis that my research leads me to believe that generally the tubercle bacilli primarily do not cause a lesion in the capillaries or in the air passages, although they must enter the lung by one of these avenues, and that the bacillus is generally removed from the ductulus alveolaris, as is carbon, to the lymphoid tissue centers before the germ has caused a pathological lesion in the air passages.

Obviously a massive or virulent infection within either a vessel or an air-tube, so great that the lymphatic system is overpowered, results in a lesion at such a point. Such lesions occur mostly as the result of experimentation or as late-stage secondary lesions and not as early primary foci. In fact, they are unusual as late secondary lesions.

Without an accurate understanding of the anatomy of the lungs it is impossible to conceive the process of infection, the beginning and dissemination of tuberculosis in the lung. But given this anatomy, you are in a position to follow my interpretation of how these processes take place. I believe that in the vast majority of cases of pulmonary tuberculosis the bacillus enters the air passages with the dust and soot and is carried into smaller bronchial sub-divisions (beyond the ciliated epithelium), as far as the ductulus alveolaris and the ultimate lobule; and that from there it is taken by the large phagocytes or macrophages, before the bacillus has caused any infection at its point of lodgment, and is carried to the lymphoid tissue which is abundant in this locality. If neither the phagocyte nor the lymphoid tissue is able to destroy the invader, or if the lymphatics cannot sufficiently drain the part, a tuberculous lesion develops in or near the lymphoid center which at first is only an abnormal increase of these lymphoid cells. If the bacilli grow instead of being destroyed, it indicates a greater effort on the part of the economy resulting in the appearance of epithelioid and giant cells. Necrosis, caseation and the formation of cavities will follow in their wake.

This is the tubercle, but it does not start, as has been often claimed, in the necrotic centers of Nichol, which are usually pneumonic and secondary areas, but in the lymphoid tissue from which the lymphoid cells extend like pseudo-podia through the interstitial tissue, surrounding the neighboring air cells.

In the acute form there is little destruction of the elastic fibers of the alveolar

walls, and there is evidence of exudation into the alveoli in proportion to the virulence of the infection. In such cases the alveoli contain cells which have been variously identified as epithelial, endothelial and epithelioid.

Giant cells and necrosis are not a necessary part of the acute stage of the lesion. In the chronic form necrosis has taken place, the elastic tissue fibers are to a large extent destroyed, epithelioid cells and giant cells surround the necrosis and these in turn are surrounded by small round-cells and connective tissue cells.

In either case the lesion can be followed along the lymphatics of the veins, the arteries and the bronchi. These lymphatics are easily made out by their engorgement or by the pigment deposited in the alveolar connective tissue just outside their walls. Thus, the course of the tubercle bacillus from the bronchus to the parenchyma of the lung coincides with that followed by the dust and particles of carbon, but the coal pigment is received without causing grave pathological changes, while the tubercle bacillus lives, grows, multiplies and destroys.

Thus we have the invasion, the infection and dissemination, how it gets in, how it takes root, and how it may be disseminated along the lymphatics. Now if necrosis takes place and the node softens, disintegrates and breaks into the bronchus, it may be very easily spread by aspiration at this secondary stage. Late in the disease the tubercle often breaks into a blood vessel and may be spread by means of the blood current. Thus we have infection by inspiration, aspiration and circulation. When the infection takes place by inspiration the apices are most frequently involved.

Our study emphasizes the fact that lymphoid tissue plays the same part in the lung as in the other parts of the body; that is, lymphoid tissue is always so placed as to form a filter through which lymph from the periphery must pass before it is admitted to the central ducts and the blood stream.

The lymphoid tissue is situated in the peripheral portion of the lung and also in the pleura. From this outer zone, passing toward the hilum, we have the pulmonary lymph nodes and at the hilum we have the various bronchial groups. Thus, we have three zones of lymphoid structures and these can be easily made out in the roentgenogram. The outer zone is usually the seat of the initial lesion and the most generally involved. Also there is a progressive

increase of frequency from the base to the apex, but this must not be construed to mean that it is the only seat of pulmonary tuberculosis. It is unnecessary to go further into the known pathology and classifications of tuberculosis in this talk. Forty years ago Ziegler wrote all that I could say with three exceptions. He did not tell us the location and the importance of the lymphoid tissue as the primary seat of tuberculosis; he did not realize the drainage of these areas by the lymphatics through the trabeculae to the pleura, and he did not see that the tubercles arrange themselves in the lung so as to form a cone-shaped mass with its base to the pleura and its apex toward the hilum. From these three facts namely, the knowledge of where tuberculosis begins, how it extends through the pulmonary tissue and how the cone-shaped masses are formed, we easily progress to the interpretation of the characteristic tuberculous markings upon the roentgenogram, which rounds out our problem.

For illustrations see Stereo-Clinic, Kennon Dunham, M. D., Southworth & Co., Pub., Troy, N. Y.

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THE PSYCHOLOGICAL HANDLING OF THE TUBERCULOUS PATIENT.*

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In no disease is the relation between mind and body, between the psychical and the physical so close and so important, as in Pulmonary Tuberculosis, and he who would successfully treat this disease must be prepared to pay as much attention to his patient's psychic side, to his mental attitude and to his reaction to his sickness as does the neurologist with his cases.

Indeed, in the formation of a prognosis in pulmonary tuberculosis, the patient's mental state is fully as important as is the physical condition of his lungs and he who neglects the former, he for example who fails to find out the hidden business worry, the unhappy love affair, or some other thing that is preying on the patient's mind and depriving him of mental rest is sure to slip up both in his prognosis and in his treatment.

We all feel a delicacy in forcing ourselves

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into the privacy of our patient's private griefs or troubles, feelings or prejudices, and hence, very naturally, are apt to neglect this all important side of the healing art and to occupy ourselves too exclusively with the treatment of the physical ailment and thus often fail in our efforts, whereas, had we but gotten a comprehension of his mental state, we might have succeeded.

When the patient comes to see the doctor it is of his physical complaints of which he is thinking and of which he talks, and he either does not recognize the relation to them of his psychic life or, if he does so, is usually anxious to conceal it from the physician.

Right in the beginning of treatment, therefore, the doctor handling a case of tuberculosis (and to a less degree many other diseases) is forced to realize that his history must be far more searching in its inquiry into the psychic life of his patient than is usually the case, that tactful questioning can yield invaluable information on this score, and that history so taken will give that fuller knowledge of the personality of the case which is so necessary if we are to be guided aright.

If, as I believe, our treatment must be as much that of the mind as of the body, I do not hesitate to state that such a properly taken history is just as necessary as a careful physical examination. Indeed, while the history brings out many physical facts, the psychic side of it is so important that we might well call this part the *Psychical Examination* in contradistinction to that examination which we call the *Physical Examination*. If we are tactful such a history need have about it no element of vulgar prying into the private affairs of our patient, who will be made to realize that we are only seeking for such knowledge in order to enable us to master his case. Of course much of the needed information of this sort cannot be gotten at the time of the history taking, but comes to us by degrees as we more fully win his confidence, and come to know him better, but the beginning must be made at that time.

But before I spoke of the history I should have referred to the all-important first interview between the doctor and his patient. Whatever the disease, but more especially in tuberculosis, where mutual confidence is so important, this first interview should give the keynote to the future relations between the doctor and patient, and we should give it all the time and care necessary to lay the foundations of that confidence in the doctor,

that feeling of his sincerity and of his interest in the case on which future success so greatly depends. The patient must be made to comprehend the necessity of complete co-operation between him and his physician, must learn that the doctor is not just a writer of prescriptions, but a teacher, a senior partner and a friend to guide him back to health. It must be made very clear to him that if success is to be had, absolute obedience and discipline are necessary, and that without them we cannot wisely undertake the case. A patient should be afraid to disobey, but a discipline that rests only on fear is not reliable and a satisfactory discipline must arise from a patient's desire to do what the doctor wants, and this in the final analysis depends on his trust and his affection. The masterfulness necessary in the handling of a patient's case is sometimes at first unwelcome, but that confidence which must develop between the doctor and patient cannot be built on a weak foundation, and people are more willing to yield obedience if they see that the doctor means what he says, that he is in dead earnest and that his yea is yea and his nay, nay. After the half-hour or more of such a first interview the doctor should be so established in his patient's confidence that he can get from him that complete co-operation from which alone springs good results.

If the patient is to be treated in his own home, it is important that the doctor familiarize himself with the psychic environment of that home. The temperaments and the idiosyncracies of the members of the family can have a happy but more often an unhappy, affect on the treatment. All doctors know how often a mother is a handicap to the treatment of her child, usually because she loves not wisely but too well. Where the heart comes in the head is apt to go out and usually the patient does much better if the mother is away. Sisters are usually helpful unless, as happens in families sometimes, there is too radical an incompatibility of temperament, while aunts, who usually have an abundance of affection, but not too much, are a great help. The trouble of the cure in the home is that it is very lonely, and the patient lacks the example of fellow patients, while outsiders make more interesting companions than his own family because they offer more variety. In these days of phthisophobia much harm is done the patient by the way relatives who feel, and too often cruelly show, an unreasoning dread of infection, treat the invalid. The added sorrow which is thus often brought

to the patient is a very harmful psychic influence from which the doctor must know how to free him. Hence he must familiarize himself by question, observation and outside inquiry with the home conditions and by plain but tactful talks, remedy these unfavorable conditions. If the patient is treated in a sanatorium, which is not possible in many cases, we may have trouble from homesickness, but much more rarely than the public suppose, for if the atmosphere of the house is what it should be, the preliminary homesickness soon dies out.

A greater trouble is the wear on unusually nervous people of the constant company of others and the absence of privacy, while some find it very difficult to adapt themselves to the crowd. The chiefest difficulty, however, is the tendency of patients to talk of their woes to others, and to hand on in tactless conversation uncomfortable stories. If, however, the patient when he goes to the sanatorium, is given a strong talk on the necessity of "burying his sorrows," of putting aside his own troubles, and exerting himself to find the interest and the good points in his fellow-patients, and in trying to add to and keep the cheerful atmosphere of the family what it should be, only a few of the most sensitive will fail soon to adapt themselves happily to the household life, and it is remarkable to see how under this atmosphere of cheerful mutual help and goodwill, the morose or solitary will come out of their shells and find the great truth that happiness is never found in ourselves, but in going out into the lives of others. If the right atmosphere is to be kept in such houses it is most desirable, if it be at all possible, that they be small, that the patients be largely of one stage and as far as may be of one social condition. This tends to homegenize the crowd and enable it to make a jolly, happy family. As to its size, if there be too many people it is impossible to prevent cliques with all their bad effects or to keep up a kindly good feeling, and hence, where possible, there should not be more than thirty or at most forty people, better yet, twenty-five.

As to the medical condition of the patients, advanced cases quickly discourage incipient ones. Their cough is, as we know, most depressing to those who know what it means. The deaths that must from time to time occur have a disastrous effect on the household spirit, while on the other hand the ability of lighter cases to do things which are impossible for these sicker ones is most discouraging to the latter. For this

reason there should be a strict division according to the stage of the sickness.

While social selection of the cases is most difficult and can only be carried out to a limited degree it is very important. Mrs. Social Leader will not mix with Mrs. Ordinaire easily or naturally, though men are better about this, and where mutual scorn or resentment exists, atmosphere is impossible. It is necessary that the patients mix easily and happily and the more kindly interest, short of sentiment which must be taboo, which they can take in each other, the less they think of themselves and their troubles, the better the whole household will do. For these reasons the occupants of a cottage sanatorium should not be of either extreme of the social scale, and people of moderate means whose culture enables them to rise superior to the more artificial of our social distinctions, and are not too strictly bound by the narrow views of high society, make the best inhabitants of such a cottage. Professional and business classes, teachers, etc., etc., who, while believing in social distinctions, have not elevated them into an indispensable fetish, nor have lost the blessed ability of finding interest in other people, even though they be of a somewhat different social status than themselves, are those who get and give the most good during the cure. A house full of such people, wisely trained by the doctor to consider each other and to conceal their own troubles, save from the physician or the nurse, can become one of the jolliest, most kindly and enjoyable aggregations of humanity to be found anywhere, so that the end of the cure, which sends them home, is by no means an unalloyed pleasure since they must leave so congenial a circle. The good effects of such an atmosphere on our patients can easily be realized. Cheerfulness, that keystone in the cure of tuberculosis, is present and blessedly effectual, esprit de corps is strong, helping the unruly to obey and wonderfully helpful in bracing the weak wills to take the cure strictly and honestly, and time, which can hang so heavily on an invalid's hands, passes quickly and pleasantly. Such a plan demands not one big sanatorium, but several smaller cottage sanatoria, and it depends on the ingenuity and knowledge of human nature of the doctor at his first interview to decide wisely on the location of a new patient he has never seen before so as to keep each household happy and contented, for an unwise location will not only hinder the patient's cure, but, if he be of an unfortunate temperament, will upset the whole household.

Most people if they are shown the need, for their own benefit, of cheerfulness and thoughtfulness for others, will with occasional bracing up and some tactful handling learn to wear a cheerful countenance until to their surprise the outward smile brings an inward cheer, for none of us can interest ourselves in the other fellow's point of view without sooner or later losing a good part of our grouch, and certainly there is no room in a sanatorium for grouchy people.

All these psychic advantages of taking the cure with others are missed by the very rich whose demands for luxurious comforts become a part of their necessities which no sanatorium can satisfy, and whose riches have made them unadaptable and unwilling to obey, so that the rich man in his fine house finds it much harder to get those favorable conditions for the cure which are easily had by the lawyer, the professor or the business man of infinitely smaller means. As I have already said, the patient taking the cure alone finds time hangs very heavily on his hands. He has nothing to do but think of himself, a very bad thing for any of us, and misses, though he may not know it, the example, the jolly talk and the encouragement of fellow patients, and can rarely, however hard he may try, be trained in self denial, wise living, normal thinking, and how to face his sickness as can his less wealthy and more fortunate brother.

Once located, it is important that the patient be seen often enough for the doctor to keep in close touch with his life to insure his training, to keep up his courage and to help him meet his problem. It is necessary, of course, to train him how to conduct the physical part of his cure, but it is usually just as essential to give him a new and more optimistic view of life, and there are few patients who, when their whole life has been disorganized by the explosion in its midst of that terrible bomb—the knowledge that they have tuberculosis—do not need all the psychic help that the doctor can give in order to readjust themselves, to take new bearings and to learn what tuberculosis is and how morally to face it. At first the patient should be seen twice a week, but when we know him, once a week is sufficient. If we see him less often than that we will lose touch with his life and it is better not tried, save in very well trained people.

As soon as their condition will permit of it, as is best judged by the fever and pulse, it is better for them to come to the doctor's office. Here we are not disturbed by the family or the nurse, and from the vantage

ground of our office chair in our consultation room, where we are most at ease and most able to impress ourselves, we can best understand him, and here we are best able to show him our meaning and hammer home our teaching. No physician can have a more delightful, even if exhausting, task than he who treats such cases. To see fear die out of their eyes as comprehension of their problem comes, to bring hope where there was hopelessness, to show them the path that will lead them to the light when they have only seen gloom and despair and darkness, to correct their always distorted ideas of what tuberculosis is, and to show them that it is by no means always the horrible curse they think, is one of the most beautiful tasks of a beautiful profession. To awaken will power, to evoke strength of character is worth any man's time and one of the rewards which comes to the faithful patient is that character building which is his who day after day has the courage to deny himself pleasure for profit, to expel gloom with cheerfulness, and to turn his will power to self-mastery as the tuberculous must. Again, to teach so many who have never learned it how to get into contact with their fellowmen, to show those who have become entrapped in the narrow prison of their own selfish interests how to get out and take an interest in other lives, should teach optimism and faith in mankind to the most pessimistic doctor that ever was born. Thus, by degrees as we cure his body, we are curing his mind, teaching him cheerfulness, optimism and hope and preparing him to return to his home not merely restored physically, but recreated mentally, and able to face his life more bravely and better than he ever did before.

The general practitioner may think that such a system of controlling the mental side of his tuberculous patients would be too time consuming to be practicable for him, but it need not be so by any means, and I feel sure that he could get very satisfactory results with many of his tuberculous patients if he would try it. Any doctor can give fifteen minutes twice a week to a talk with his patient, and an hour once a month to a thorough and well recorded physical examination. The great thing is that those fifteen minutes be used not merely in inquiring into the patient's physical welfare and symptoms, but in studying the mental side of his case, and if the doctor does so he will find the study of his patient's personality so fascinating, that it makes the case so much more interesting, that it will make

his work a pleasure and not a task. A few patients, it is true, are refractory to such treatment, and ensconce themselves behind a wall of impassivity with a notice outside of "no admission," but with the large majority it is perfectly feasible with any of us and will fully repay our efforts.

Turning to a consideration of the psyche of the tuberculous patient, such patients are by no means always or even often abnormal as has been implied by some writers, though we see a good deal of neurasthenia and hysteria and they are apt to have a rather labile temperament. The temper in early cases is quicker, the imagination more lively (accounting for the many literary lights among their number) the will tends to be somewhat less strong, the emotional life a little less under control, but the majority are practically normal psychic beings. The will, where it is weak, and even more so if it is only weakened, is infinitely capable of training and development, the strong imagination enables us to appeal to them to make a good fight, and while the neurasthenia often gives us much trouble, it too can yield slowly as the patients return to more normal health. As Osler has shown, in the ranks of the tuberculous have been a large number of the world's literary and artistic leaders, men and women of genius, and when the doctor meets such they reward them with the charm of such an association as Trudeau found with Robert Louis Stevenson. There is of course difficulty in discipling and training such children of nature, and a genius is always a hopeless patient, incapable of teaching and resentful of all control when the spirit is on him. But we will usually find our imaginative patients far more amenable to treatment than are the dull, unimaginative fellows who are too matter of fact to get interested or enthused over anything.

The psychical state of the tuberculous has been much discussed and one hears ad-nauseam of the "*Spes Phthisicorum*," which however is only seen in late cases and is a blessing sent by nature at the end of a long and losing fight, and not the mental habit of the average patient. Cornet, quoting Heinzelman, has described him as mostly abnormal, but after twenty-two years of experience with tuberculous people of the upper and middle classes I do not find that we often meet with marked psychical abnormalities in the tuberculous, beyond those I refer to, in any greater number than would be the case with other chronically sick people. This view has been so admirably stated by Soko-

lowski that I cannot refrain from quoting him here. "There is no doubt," says he (page 370, vol. 2, *Klin Brust Krank*, '06), "that so weary and severe a disease as tuberculosis, a disease which not only drags down the patient psychically, but him and his dear ones materially and morally, and which destroys the most brilliant prospects, and the greatest talents in the period of bloom must influence the psychic condition of the invalid. Therefore, it is no wonder that one notes in most patients, especially of the most intelligent class, in the course of consumption, numerous neurasthenic symptoms." This agrees largely with my experience, he who has himself had to face the at first terrifying fact that he has tuberculosis before he has learned what the disease really is, and when it connotes to him every imaginable suffering and terror, will not greatly wonder that it causes a fearful upset of the patient's mental poise and can easily produce in any but the most phlegmatic or in the most self-controlled, a temporary neurasthenia. I have seen the dread of it drive some to suicide. I have seen men's temperaments ruined and soured by the discovery, but who has not seen the same results from financial reverses or family sorrows? I have seen people's weakest and worst side brought to the front by this as by other reverses, but, gentlemen, I could write a whole book on the magnificent way in which I have seen stricken men and women rise to the battle and defy fate, and keep their heads high in the face of the overwhelming disaster which tuberculosis is to so many. I have seen this courage bring its reward in recovery and health, but I have seen it equally in hopeless cases where the only reward has been the consciousness of fate bravely met, of a losing fight fought pluckily to the end. I have seen many learn to think of others rather than of themselves, and while they buried deep within their hearts the sorrow that sickness had brought to them and the troubles that it multiplied, I have seen them bringing sunshine and happiness to those around them, and inculcating optimism and cheerfulness in their companions until its reflex came back to them and helped to lighten their own grief.

Let me say right here that there is no such school of character as tuberculosis bravely met and rightly faced. I have seen weak characters grow slowly strong through the self-denial which their sickness necessitated. I have seen selfish people grow unselfish through the opportunity of daily consideration of others. I have seen a dark

and inevitable end courageously faced through the strength brought by daily self-denial. For one coward who whined as he went downward to the grave, I have seen ten brave men and women whose courage was an inspiration to all who saw it.

Again, let me quote Sokolowski (373 L. C.) who, speaking of these patients, says: "They are characterized by an even temper, bearing with wonderful patience the whole course of the sickness in its various phases. Many show a wonderful energy and strength of will with which they try to fight the sickness, unmoved and undeceived by the difficulties and material losses which postponed the longed for resumption of work and social position. I have seen many such patients and their constant calmness of mind during their severe sickness, their remarkable determination and effort at recovery, awakened in me always the greatest wonder at their strength of character. They gave me the impression of great warriors, who, in order to win the longed for victory, had laid aside all obstructions in the way by the strength of their own wills."

No doctor could want a more splendid work than to have a part in teaching these patients so to master the bitter sorrow of life as to draw from it the sweet reward of regained health and of strength of character, of a broad, charitable, sympathetic view of their fellowmen and of life, and the healing art reaches no higher plane than when it is able to minister thus, not merely to the bodies, but to the minds and souls of sufferers. But if we are to treat tuberculosis successfully, if we are to help mind as well as body, we must be optimists. We must be hopeful if we are to inculcate hope; we must believe in our ability to help tuberculosis, even when it cannot be cured and in its curability in many cases. Without such hope we can never stimulate our patients to the fight and our visits will leave them as hopeless and as sad as when we came. We must be a source of electric current to recharge the storage batteries of their minds and give them new strength.

Cheerfulness and optimism are to my thinking the keynote to the treatment of this disease, and no man can successfully imitate a cheerfulness that does not exist in himself, nor hide from the patient a skepticism as to results which he feels. The patient must believe in your ability to treat him, must believe in your interest in his case; he must absorb from you optimism, for without hope he may indeed be taught to face the inevitable bravely, but he cannot

possibly win his fight. But some might ask, how can we be hopeful in such a disease? After years spent in treating it, after a personal familiarity with it, after a wide reading of literature on the subject, I am yearly more and not less hopeful as to its outcome. Not because I get any better results than anyone else, not because I do not see many who, I cannot save, but because I see so many who can be restored to working efficiency for long periods or for good, because even in the long, drawn-out chronic case life can be made useful and filled with interest and happiness if the patients are but taught to face it aright.

I have no patience with the pessimist in this disease. He only does his patient harm. I believe such pessimism comes from a too material view of the matter and that more attention to the psychic side will change our conceptions of what tuberculosis is and what we can accomplish for it. I know very well how many tragedies it brings about. I have seen too many of them myself, but I have seen such tragedies turned to triumphs by that conquest of his own mind which the patient can achieve.

A foolish optimism which refuses to see the truth and makes impossibly bright prognoses from a cowardly inability to face the sad facts which science has taught us is a miserable thing that only doubles the sorrow of the patient, when after enjoying for a while a fool's paradise, he comes to a realization of the sad facts which a mistaken kindness or an unpardonable ignorance or weakness have concealed from him. But a wise optimism which acknowledges the seriousness of the task before him yet can teach the patient how to hope, how to rally his will to the hard encounter, how to face the facts, told not brutally but honestly and tactfully, can give a power to fight, whose value cannot be overestimated in its effects on the success of our physical efforts.

Finally, let us never forget our efforts are not to be directed merely to curing our curable patients, but to enabling even the apparently hopeless ones to fight to the end, to keep them heartened up, so that even in dying they may win that last triumph over the universal victor by facing him dauntlessly as they cross the bar.

(The papers presented by Drs. Dunham and Minor called forth an unusually long discussion, most of which is given on the following pages. We regret that the illness or long vacation absences of some who took part therein came too late for insertion.—Editor).

Discussion on the Papers Presented by Drs. Dunham and Minor.

Dr. S. B. English, Glen Gardner: It has certainly been more than pleasure to have been able to hear the profound papers of both Dr. Dunham and Dr. Minor. So many of us have been of the opinion, particularly the practicing physician, I believe, that in the x-ray work diagnosis of tuberculosis could be made from the x-ray plate alone. I believe that the x-ray plate does show an evidence of what Dr. Dunham has said—infiltration, it may be active disease or it may be non-active, but the determination must rest with the clinician and is based upon the findings obtained from a carefully taken history and physical signs. I believe that there is still some argument as to whether or not the x-ray plate can definitely diagnose incipient disease.

The x-ray has entirely changed our conception as to the site of the initial lesion of the disease. We were of the opinion, at one time, that nearly all early lesions were found in the apex. The study of these x-ray plates appears to show that not to be so. The x-ray plate, again, to the clinician has shown us how little of the trouble in the lung we really can find. It will often show us the interlobular pleuritis we otherwise miss; it will often show us the little effusions in the pleural cavities that we miss; it will often show us small abscesses which we miss. The x-ray has, to the sanatorium man, I believe, been of great benefit since we have begun the operation of artificial pneumothorax. It appears that no operation of artificial pneumothorax should be undertaken unless we first make our determinations with the x-ray. We can determine a number of things and, undoubtedly, some of the accidents reported in this operation have been due to the fact that the x-ray machine had not been used. If it had been, some cases would not have been given pneumothorax, undoubtedly, which have been subjected to the operation with bad results.

The use of psychotherapy is possibly more applicable in tuberculosis than in any other chronic disease. The result the physician attains is generally in proportion to the belief that he has in the remedy. The lack in a good many of the cures that have been brought out has been due to the lack of confidence, possibly, in the remedy. A good many of them, however, have been distinctly harmful, but notwithstanding the fact that some of the tubercular patients have been treated with a harmful remedy, they have improved. They have been filled with the enthusiasm of the administrator, they have expected to get better, they have put forth more effort. As a result of their effort, they have gained weight, they have lost their sweats, they have lost their fever, they have gained vitality and they have been able to overcome the disease, possibly not as a result of the remedy, but as result of the mental suggestion carried with the remedy.

I believe that all of these patients should, as far as possible, be kept away from demoralizing influence. Any man doing tuberculosis work has been time and again importuned by the relatives of patients asking, if a positive diagnosis be made, that the patient be not told. They are afraid that the patient will be scared almost to death, as a result of which he will die; but if we take the patient, tell him what

he is up against, tell him in the right way, he doesn't die so easily. The co-operation that we get from the knowledge of the true facts is often of exceedingly great benefit and helpful in the cure. The patients should be filled with all hope possible. They should be told that it means work to get well—not the taking of a lot of medicine; that tuberculosis is not a disease for a slacker, they will get well in proportion to their ability to try. It is a good idea to point them to the great heroes in tuberculosis warfare that have gone before. Tell them of Dr. Trudeau, tell them of Stevenson and about the work they have gone through. Many of them have done an amount of work that would put to shame many well men.

I am glad to hear the sympathy of Dr. Minor extended to the sanatorium man, particularly those in the State Sanatoria. He mentions that he believes it is wrong to hold the patients in institutions in great caravans as is sometimes done. In our State institutions it becomes more or less of a necessity, when three or four patients need space allowable for but one.

It is a question in my mind whether or not the varying benefits received from the administration of tuberculin within the last decade, have not been due to the varying degrees of enthusiasm on the part of the administrators.

Dr. B. S. Pollak, Jersey City: As one of those that have been identified with tuberculosis work for some years, I deem it a great privilege to have been permitted to sit at the feet of the two great masters, and listen to the topics which they have brought to our attention.

In discussing Dr. Minor's paper, on the "Psychology of Tuberculosis," I feel that because of the type of cases in the county sanatorium we can scarcely compare the results nor apply the efficacy of such treatment in comparison with the type of cases that comes to a private sanatorium. Dr. Minor has treated the subject in a wonderful way, in a manner in which he alone is capable of, and realizing that, perhaps it would be difficult for me to find anything in his address that might be criticised or, perhaps, it might be presumptuous on my part to question.

I have jotted down a few things which I thought were paramount, and applied to the subject in question. The fact that we have so many wasted cases; the fact that we have so many cases which will live for an indefinite period, especially among the advanced cases, is a vital point in the psychological treatment of the cases that come under our consideration. Especially is that true in so far as incurable cases are concerned. We can quote instances, and say that in our experience of so many thousands of cases, we have seen any number of cases that have been improved, and have become working factors in the community. We likewise would like to call attention to the question of heredity that seems to be so fixed in the minds of the common people, in fact it is an important factor, and those of us who are identified with clinical work and out-door and dispensary work, have long since realized the tremendous importance of being able to disabuse the public mind concerning the "bugaboo of heredity," and when we have accomplished that, we will have accomplished a great deal.

Dr. English has referred to the fact that the announcing of the diagnosis is sometimes considered somewhat like a death warrant, which is no doubt correct, but, to deviate from my subject for a minute, I think it would be well for us practitioners of medicine to realize this and in it, I believe, lies the alpha and omega of the tuberculosis problem from the clinical standpoint; that there are so many of our medical men, who by reason of their bigness of heart, or of fear, or for reasons incomprehensible to us, fail to pronounce the sentence or diagnosis until too late; and I believe that our psychology on the matter of tuberculin ought to be expended on some of the above described gentlemen of the medical profession, as often as on the patient.

The gentlemen here have referred to the stimulating influences that have a good effect, and there is nothing prettier than to read the late letters of Robert Louis Stevenson, whose best work was done during the latter days of his rapidly increasing sickness. Especially is this noticeable in a letter, written in the very last sentence (referring to the hemorrhage), he says that he will write again unless his "Bluidy Jock" would prevent him from doing so. The courage and constancy in the successful treatment cannot be any better referred to except to mention the name of our late lamented leader, the great Trudeau. He was an example in that regard.

In the persistence of our application of psychology, we might be able to accomplish more with psychology than anything else, in spite of the treatment of hemorrhage, which Dr. Minor has referred to this morning, and in spite of the treatment which he several years ago advocated in the councils of the National Association, where it has been questioned, yet many of us have tried successfully large doses of atropin and have found it occasionally wonderfully beneficial and those of us who have had experience with hemorrhage cases know that psychology plays a most important part in our successful handling of such cases.

There is just another word I would like to say. But the gentleman who is going to speak on this question will, perhaps, refer to it later on, so if I am not permitted the floor, I want to add this about the psychology of tuberculin.

I was one of the most enthusiastic so far as the use of tuberculin is concerned; in fact, several years ago I wrote several papers about the use of the same; but my work was limited to advanced cases. I had a great number of them at my disposal and I used tuberculin and I found it very successful; then we went to Vienna, and we found in Vienna that they were not enthusiastic concerning the use of tuberculin, one of the doctors showed me his history of cases (I think 36 in number), that he had given absolutely nothing but saline solution, with splendid results. On my return home, I came to the conclusion that the good results previously obtained in a large number of these cases, above referred to, were due to the psychological effects of these injections and not to the merit of tuberculin.

I want to say to Dr. Dunham that I have appreciated what he has said exceedingly, and I hope the time will come when all our x-ray men will be able to point to the lesions he referred to and explain these lesions for the benefit of the clinician. After all, the picture

constitutes a big invitation and to us is an enigma; and we look at it and we do not know what we are looking at except the surface areas which we all find; now, if it is possible, I would like Dr. Dunham to differentiate the acute disease from the chronic form in so far as x-ray plates are concerned.

Dr. M. W. Newcomb, Brown's Mills: I enjoyed both Dr. Minor and Dr. Dunham's papers very much. I don't think I can add anything to Dr. Dunham's paper as a bit of discussion. I think a man ought to be an x-ray man to discuss the paper. I would like to ask Dr. Minor how he prevents patients from telling all their symptoms to every other patient admitted to the sanitarium where they are boarding. They want to tell every little symptom that they ever had or ever expect to have, to every new patient that comes in, and I have found no way to prevent them, and if he has one, I would like to know it. I am like Dr. Pollak and Dr. English about the psychological effect of tuberculin: I think if it does very much good, it is through the psychic, but not through the effect of the tuberculin. I would like if Dr. Minor could answer that question.

Dr. Charles L. Minor, Ashville, N. C.: I have nothing to say in my remarks save to urge all general practitioners to cultivate the psychological treatment of the patients and to make cheerfulness and optimism the basis of the cure of the disease.

It is a pleasure to me, on a subject on which I have thought a great deal and have worked a great deal, to see an x-ray man so broad and liberal in his point of view as is Dr. Dunham. I myself have used the fluoroscope, but not the stereoscope, for some nineteen years in all cases, am naturally very familiar with it, have kept up with the literature of the subject. My experience of the x-ray man pure and simple is that he has been one-sided; that he sees the case not broadly as a clinician but narrowly as a medical technician and draws unjustifiable conclusions from his x-ray pictures. I am glad to say, Dr. Dunham is a most excellent exception to that rule. Doctors ask me: is the x-ray better than physical diagnosis? It is not a question of which is better. The x-ray is merely a new measure of physical diagnosis; we might as well ask—is the monaural stethoscope better than the binaural stethoscope. The careful man is going to use the x-ray just as he uses all other methods of physical exploration to widen his knowledge of his case. In the same way he is going to study the patient's emotional attitude; he is going to make a careful physical examination and take a careful history, take time for a thorough study of the case, not going off half-cock in drawing conclusions from any one of these things alone, but he is going to make a careful synthesis of all the facts he can gather and from these draw his diagnoses. As to the use of the stereoscopic plate, its extreme cost makes it for most of us impossible as it would require the keeping up of a stereoscopic photographic laboratory; therefore, we must go for such work to the x-ray man who alone is competent to take, develop and interpret such plates. The fluoroscope, however, is less costly and can be used by one who is willing to give study to it and master it. Your stethoscope would be of no use unless you used it every day. So if you

are thinking of going into the use of the fluoroscope, you must keep it right next to you in your workroom and you must look at every patient through that fluoroscope until you know what you see. If you use it in that way, any man doing a lot of practice can well afford to install one and he will find that it broadens his point of view and gives him a vast amount of help.

Dr. G. K. Dickinson, Jersey City: Dr. Minor, we think, is a major psychologist. I have met him under various circumstances; here, in a Pullman, and at Asheville, and it is always, "Charley Minor, and God bless him." As to the other paper, I am glad there are demonstrations of some deep, thoroughly thought-out investigations not made in Germany. Dr. Pollak and I went to Vienna in 1914; he runs a hospital for the tuberculous and I give it style. We were up against a problem of the children. When we reached Vienna we were delighted, for the problem was solved by us. However, one Hamburger, we were told, had just written that he had made autopsies and could find in the advanced cases where the "bug" had gone down into the lungs and made a little perforation through the bronchiole; found that the perforation healed and it then entered one of the lymphatics—had gone into the trenches to wait for a chance to come back.

We returned home and preached the gospel of tuberculosis beginning in childhood only. Perhaps we were correct; but we based it on the statements of those specialists. The report made to-day through Dr. Dunham seems so sensible, so very sensible, and appeals so practically that I am going to wipe out all that I learned in Vienna and go back to this meeting as the starting point for the new thought as to how tuberculosis starts in the system. It is a disease of the lymphatics primarily. In fact, you can see we are coming toward an interesting point: the lymphatics are a tissue of early life, and as we become older they gradually become occluded, the lymphoid tissue disappearing. Is not that one reason why tuberculosis is so seldom transmitted late in life? I have works, one by Louis, and all of them, all of the big works, say that they have yet to see an adult acquire active tuberculosis from a relative or from a nurse, or a nurse from them. There must be something in that histological picture. Immunity late in life is an accident, not due to any finding within our system, but to some little histological change of opening up from the adenoid tissue which may be remaining.

Dr. W. J. Chandler, South Orange: I want to make just a word of addition to what Dr. Dickinson has just said; and that is with regard to the early appearance of the tubercular bacilli, or tuberculosis in the lung. One of Dr. Dunham's pictures represented a deposit of carbon in a child's lung; I think at the early age of 24 hours, or at least very early in life. Now that child was born with a focus for tubercular development in the lung, or it was developed in the first days of its life. We will take it for granted that most are not so born. Where, when and how does this infection get in? Where do we pick it up? Why is this great prevalence of tuberculosis in the very young, in infants? I think it leads us to one sad conclusion. The child is inoculated in its own

home, or in its own early surroundings. How? Because of the carelessness of many with regard to the prevention of disease. What do we see in our public halls and institutions, upon the side walks, and almost everywhere about us? Persons expectorate very generally upon the floors or the streets; and unless this is prohibited by law and the prohibition strictly enforced we cannot prevent it. We should all lend our influence to the extermination of expectoration upon the floors of public buildings and streets. It is the chief way by which the germ is propagated and is conveyed to both young and old. In some of our homes we are, perhaps, equally careless.

Dr. Erwin Reissman, Newark: Those of us who do x-ray work, of course, know of Dr. Dunham's labors. Those of us who understand Roentgenology can do nothing but marvel at the wonderful experimental work which Dr. Dunham has done. Not since our, so-called, German authors have taught us mostly all we know of Roentgen diagnosis, have we had such excellent exposition of tuberculosis diagnosis. In a recent address Dr. Northrup, of New York, placed the x-ray as first in the diagnosis of tuberculosis. The reason why some of the medical men do not understand x-ray plates is because they have been accustomed to looking at one single plate radiograph. Dr. Northrup, Dr. Dunham, as well as most of the roentgenologists place emphasis on the fact that stereoscopic plates are the only ones which can truthfully show a lesion or the Dunham fan work.

Calcified areas are a hobby-horse. They may show some past lesion, but they do not show activity; and when some x-ray men look at a plate and see calcified areas, they think they have got a wonderful tuberculous field. The only things that tell the story are the various grades of density and the fan work. I have tried—in a way—to impress the profession of our city with the importance of x-ray diagnosis in tuberculosis, and within the year I have taken all the children that attend the open-air school in Newark; and then subsequently—that is within a few months—compared some of the changes that have taken place in order to compare the clinical condition with the Roentgen plate. The subject was very interesting.

That the clinician, especially in the sanatorium, cannot always make a diagnosis without an x-ray picture is evident, at least to me. I have had a few cases sent to me from sanatoria where they have a habit of outlining a schematic picture of the lung, and indicate thereon where the diseased area is supposed to be. One particular case was referred to me for Roentgen diagnosis. The man showed me the chart which was given to him and on it was delineated a lesion at the apex. My x-ray plate showed that he had a very beautiful and clear apex—no tuberculosis lesion elsewhere. He did have a fibrosis at the base.

The obvious intent is—that clinicians should avail themselves of all diagnostic refinements. Why is there any opposition to the Roentgen ray in pulmonary lesions?

Dr. Ralph H. Hunt, East Orange: I enjoyed Dr. Dunham's paper. He has brought out many valuable points. I had the pleasure of hearing him in Washington. We all feel sure that the x-ray has much of value for the prac-

tioner in the diagnosis of tuberculosis. It has been my experience that after the proper taking of an x-ray the next most important step is the interpretation of the plate. The average clinician will be absolutely misled by his own interpretation. It takes the highest degree of skill to interpret properly. As Dr. Dunham so well said, the x-ray in tuberculosis is mainly an aid in detecting variations of density in the lung. If the physician would be satisfied with finding out from the radiologist if there were variations in density in the lung examined from the normal, then he would receive the greatest aid and often be led to lesions which he did not expect.

Dr. Thomas N. Gray, East Orange: I am very glad that in the papers of this morning the question of the early diagnosis was not left off of our program. To any one who is engaged in anti-tuberculosis work, particularly to one who is charged with the problem of endeavoring to reach the solution of it, the question of early diagnosis is the most important feature that we have to deal with. Now, we have had from Dr. Dunham this morning a wonderful portrayal of the value of the x-ray as an aid in diagnosis. But of what avail will be a magnified Dunham and magnified possibilities of the x-ray in the absence of a correct census of those with tuberculous lesions? Of what avail our clinics, or visiting nurses? Of what avail is the exercise of the finest psychology in the finest equipped sanatorium; when about 80 per cent. of cases are not treated because not known?

And why do we not have a correct census? There are a number of reasons, but the largest single factor, and the only one we will discuss, is that so many physicians do not make an early diagnosis and report, either through carelessness or ignorance. The history of a cough finally attracting attention, a visit to a physician, no questions asked, no physical examination, a hand on the shoulder and an anodyne cough mixture; later no improvement in cough, worried, a visit is made to another physician and a cough mixture only is the result of the visit. This goes on for months until he drops into the office of a real physician who examines him thoroughly and finds an advanced case of tuberculosis. Such is a common history in the records of the tuberculosis work of Newark, that one feels mortified for his profession. Another common history on the records is digitalis for a tachycardia, one of the earliest symptoms we have in incipient tuberculosis. Still another history is: "tired all the time," a tonic is given; still another is loss of weight, a tonic; another is that of hemorrhage, not infrequently the first obtainable symptom in incipient tuberculosis, ascribed to the circulation. A common history is that of chronic bronchitis, treated as such for months by reputable physicians. Who can conceive of a chronic bronchitis in the twenties and thirties? No wonder that men in our position blush so often for our profession.

We have histories in our clinics in the city of Newark, 540 of them, which show that the people they represent had been treated from one to six months, and some eight months with no physical examination made. Every patient who comes to a physician comes because he does not feel real well. It is the right of such that they be closely questioned, stripped and

examined. The question of an x-ray and laboratory examination is a later question and I repeat that it is a crying disgrace that so many people go out of a physician's office without a thorough physical examination.

Dr. Frank W. Pinneo, Newark: Dr. Dunham's address gave me a thrill of interest. By such work medicine is advanced. He shows us how important to clinical medicine is laboratory work; he also shows how very unfinished is clinical medicine, even with our present knowledge of the important methods of treatment, without laboratory aids in diagnosis, and diagnosis made as discriminating as possible.

I wish he might devote a whole lecture to us upon tuberculosis in childhood, because it is in childhood that most tuberculosis begins, and we are being greatly aided by x-ray pictures of the chest and other means of advanced diagnosis. What Dr. Northrup of New York has so aptly called "measly lungs," reveals to us the possibilities of early diagnosis and that, perhaps, other means than the x-ray are possible.

There are a few things occurring to me in which this would apply, but the time is too limited to discuss them. Of first importance is diagnosis. A little child, in whom there are no physical signs, and in whom other diagnoses as of malnutrition, or of simple failure to grow, or of other organic disease may be tentatively determined by an x-ray, it means but little of diagnostic importance. What is the relation, for example, between gastro-intestinal toxemia and tuberculous enteritis, between a tuberculous lymphadenitis and a bronchopneumonia or other tuberculous affections? Then in the matter of etiology we need a great deal more light upon the relation of bovine infection and human infection. Dr. Dunham's paper has been very practical and it ought to help us in making earlier diagnoses.

Dr. Ralph H. Hunt, East Orange: To my way of thinking there is no disease in which so much human sympathy is required of the physician. In many, perhaps most cases, he alone can see the painful and hopeless road along which the patient is travelling. He alone knows the hopelessness of his task, yet in spite of this there is no disease which will respond so quickly, at least temporarily, to the sympathetic attitude of the doctor. I feel that one is well repaid for every bit of kindness and help he gives these patients. Every one of these sufferers should be made to feel that he has a friend in his physician. He must try to adjust all his patients' doubts and settle all of his difficulties whether pertaining to his disease or otherwise. The mind must be put at rest. Dr. Minor has certainly explained why he is so successful in his treatment on this disease.

Dr. Horace G. Wetherill, Denver, Colorado: It affords me great pleasure to again meet the members of the New Jersey State Medical Society. Having been a member of this society from about 1880 till 1895, I have many friends among its members and many happy memories and associations connected with it. I was glad to have an opportunity, last week, as a member of the House of Delegates, to endorse and vote for your President, Dr. Marvel for trustee of the American Medical Association, after he

had been nominated by your delegate, my old friend, Dr. Lalor of Trenton.

Individually, and as a Colorado representative, I am much interested in the topic under discussion: tuberculosis. Early diagnosis is now more important than ever before to exclude "carriers" from the army. Every expert in physical diagnosis or with the x-ray should be made available for government service. Many of our Colorado experts are already in the service. One of them, a former Jerseyman, who many of you know and love, has been chosen to go to France to organize a movement for the prevention and treatment of tuberculosis. I refer to the President of the University of Colorado, Dr. Livingston Farrand. A more capable and able man could not have been selected, and while we are sorry to lose him, we are glad to lend him for this important humanitarian duty.

Permit me to thank you again for your cordial and friendly greeting.

Dr. Charles L. Minor, Ashville, N. C.: Medicine is a science but it is also an art. Were it all science, I don't know that it would help anybody. Were it all an art, we would wander in all sorts of dangerous channels, led by our dreams and our imaginations. It is only when we combine the science and the art of medicine that we begin to get from it what we should, and I feel that my trip to Atlantic City, on the kind invitation of Dr. Marvel, has been fully worth my while had I done nothing but hear Dr. Dunham's scientific paper. That is the kind of work, gentlemen, that will lead us out of the forest of theory into the open fields of fact. I have watched Dr. Dunham's work; I have not agreed with him in everything, but when I have seen a clinician who could give a clear demonstration of his x-ray plates and proves to us that this shadow of a density means such and such a pathological process, and this one means that, and that one the other, we must look upon his work with respect and confidence.

But, with the correct scientific spirit, Dr. Dunham was not satisfied. He went as far as he could, and he came right up against what he did not know; he went to Dr. Miller and now, with his help, he carried his work further, and I feel that our information in this field has been enormously increased; our mastery of this subject has been greatly widened by the work that these men have done and I cannot thank them enough. Now, since this is a day when science is so much revered, and science at present has its place chiefly in the laboratory, many of our profession would reject all that cannot bring with it laboratory testimonials and hence the art of therapeutics is suffering severely and we find too few doctors who are successful in bedside treatment or who understand the use of drugs. But we must remember that all the scientific work that Dr. Dunham is doing and many other men are doing, would be of very little use unless it eventuated in therapeutics. Let us never forget that there is no justification for medicine unless it can cure disease. The investigation may seem very abstract; it may be very far from practical things, at first, but if it leads slowly but surely up to practical therapeutic results it is justified and is worth while, whereas unless it does so eventuate it is sterile as far as medicine is concerned.

Many of our most useful remedies are purely empirical though they help us in many a case, but the ultra scientific men say: "Away with them, they are of no use." That is the greatest folly in the world. If some old woman could convince me that some funny thing she does seems to have a good effect in the case on hand, I am not ashamed to try it, but I want to try to find out why the old housewives remedy is useful. That is the way our therapeutics came about. Take Peruvian bark, the Spanish in Peru were dying with chills and fever, they found the Indians had a drug they could take which cured their chills, it was purely empirical, it had no science in it at all. They got Peruvian bark; they brought it to Europe and they found it cured chills, though no one knew why and it saved many lives and cured much sickness. Then in the last century Laveran discovered in the blood of malarial patients a little living bit of protoplasm—the plasodium, and then Binz, a physiological chemist, showed that the effect of quinine on all types of motile protoplasm was to paralyze and kill it; then we began to have a scientific basis for the use of the empirical remedy of the Indians in the cure of malaria. Do not let us then, because we wish to be scientific, be arrogant or too quick to reject things whose action we cannot understand, but let us rather try to understand them. That is the right attitude for the scientific man, rather than to laugh at things because they seem funny. Do not turn your back on them, but say: "I am going to see why they are so," and that is just what Dr. Dunham has been trying to do, and I congratulate him on a fine piece of practical and at the same time scientific work.

Dr. H. Kennon Dunham, Cincinnati, Ohio: I wish to echo one thing that Dr. Minor has just said: "you have to practice medicine with brains." No co-operating specialist can provide those for you. If you don't know a sick man when you see him, you can't treat him successfully. And knowing a sick man does not mean having studied diseases in a book, it does not even mean having studied cases in a hospital, it means having served sick men, lived with them, given to them of your time and strength and hope and effort, yes, of your very soul. And so I know what Dr. Minor means when he speaks of the most important treatment in the case of tuberculosis being the psychological one. I agree with him. I come to you to emphasize the value of using stereoroentgenograms for the accurate diagnosis of tuberculosis, but I am not an x-ray machine, I am a physician first and foremost, a general practitioner, as many of you are, and I know that the main requisite for a good physician is to care. We must care especially in tuberculosis work, because there is no money in it. There is only a living wage and a living interest. If you want to practice medicine without using psychology go into G. U. work or the eye, or any thing other than consumption.

I do not mean that there is not room in the tuberculosis field for anyone who cares to work—there is. There is so much to learn because the lung tissue, its anatomy, its pathology have been closed books to us. And as we have not known the real structural basis of tuberculosis, we have not always known the real basis, the practical working basis, in our

psychological treatment of the tuberculous patient. That basis is to say to him at the beginning: "If you won't do just as I tell you, I will not treat you." You must mean it when you say it, and why? Because you wish to be a dictator? No, because you care about that patient and you know his best chance is to do as you say. If you do not really care, he will find it out inevitably and leave you. You cannot afford to treat him unless you have that full co-operation that has been mentioned so often to-day, but the greatest means within our control as physicians to obtain that co-operation is our honest—"otherwise I cannot treat you."

To speak a little further of that co-operation and the psychology of treatment in the home. The comparison of these in the home and in the sanatorium reveals the sanatorium as providing the snap, for there you have patients all of whom get special training and whom you expect to give special training. In the home you have to give special training to everybody from the father and mother down to the cook and coachman; if you leave one element out of consideration you will spoil your psychological treatment of your patient.

And if we refuse to undertake this big psychological problem, Christian Science practitioners will do it, and our patients will suffer. That is how Christian Science and so many isms come to be—we doctors treat human beings as crucibles for chemical reactions, and forget the spiritual side. I do not mean that we should slip away from truth, from scientific accuracy. Surely no one can so misunderstand me, but I do mean that we are morally obligated to bring healing power as well as potions. This power arises from two things as I have said and resaid—we must care and we must be physically fit ourselves that we may care. If we are not physically fit we cannot practice psychology, anymore than we can in such a condition make a physical examination or read an x-ray plate.

I wish to leave with you just one big thing about this x-ray work—this is the way to use it. Let the x-ray man find your lesion; find where the abnormal density is claimed to be, then take carefully with the physician the physical findings over that particular area; then consult with the clinician as to the symptoms of the patient and the history and correlate all you learn. You will then be better men and better doctors. (Applause).

County Medical Societies' Reports

ATLANTIC COUNTY.

Byron G. Davis, M. D., Reporter.

The regular monthly meeting of the Atlantic County Medical Society was held at the Hotel Chalfonte, Atlantic City, Friday evening, October 12th.

Dr. Otis D. Stickney of Atlantic City started the scientific program with a paper on "Otitis Media."

Dr. Chevalier Jackson of Philadelphia read a paper on "Esophagoscopy and Bronchoscopy."

Dr. Fielding O. Lewis of Philadelphia discussed Dr. Jackson's paper.

BERGEN COUNTY.

Samuel T. Hubbard, M. D., Reporter.

The annual meeting of the Bergen County Medical Society was held October 9, at the Union Club, Hackensack, and the following officers were elected to serve during the ensuing year: President, Dr. F. S. Hallett, Hackensack; vice-president, Dr. A. A. Swayze, Hackensack; treasurer, Dr. G. W. Finke, Hackensack; secretary and reporter, Dr. S. T. Hubbard, Hackensack; delegates to the annual convention, Dr. G. W. Finke, Hackensack; David Corn, Ridgefield Park, and Jos. Payne, Midland Park. The retiring treasurer reported the purchase by the society of \$200 in Liberty bonds. The following resolutions on the death of Dr. David St. John, drawn up by Dr. J. E. Pratt of Dumont, were accepted and ordered spread on the minutes of the Society and printed in the newspapers:

The Great Reaper who wields a sickle keen, reaps where he will. The noxious weed that cumpers the ground and the plant of rich fruitage, both alike are gathered into his garner. One after another goes from out the ranks of living sentient beings to solve the mystery enshrouding the exit from this and the entrance into another world.

We fain would hold them to our side and keep them within our vision, but inexorable law prevails and friend loses friend, society its component part; a link in the chain of brotherhood is driven, a chair about the family hearthstone is empty, the tender ties of blood and kin are broken, the heart of the intimate companion is left desolate. They that remain look away to the hills beyond which the spirit has taken its flight and wait and wait while they are longing

"— for the touch of a vanished hand

And the sound of a voice that is stilled."

Death has recently taken one of the best and most eminent of our profession, than whom none was better known or more highly esteemed. Dr. St. John was born in the town of Berne, N. Y., and there he was carried by loving hands and followed by tender solicitude, that his rapidly declining days might be spent amid the scenes linked with memories of his childhood, where the last vision of earth might be the mountains which girt him about, the last breath the air from the wooded hills he loved so well.

After his education in Albany and Buffalo and his graduation from Bellevue, he settled in Hackensack, 42 years ago. For four decades he was a factor in the growth of this town. He had the good fortune early in his residence here to ingratiate himself in the favor of the people and to win for himself an enviable place not alone in their confidence but in their affection as well.

His heritage from his Scotch and English ancestry was a sturdiness of character and resoluteness of will that paved the way to an eminently successful career. His clear vision, his kindness, his philanthropy, his generosity, his observation of the amenities of life made him a friend to be cherished and a counselor to be sought. He preserved the best traditions of a noble profession, and that elusive something we call professional etiquette was to him a reality. The role of family physician, which in these modern days has been superseded by division into specialties, he played with a con-

scientious devotion, and the tributes we hear from those who knew him well and who he touched in their most sacred hours attest the fulness of their gratitude for his help and sympathy and wise direction.

Now that the record is closed and the hand that soothed, the voice that cheered, the smile that brightened are no more, be it resolved by the Bergen County Medical Society, that in the death of Dr. St. John we have lost a valuable member whose memory we cherish; that we gladly accord him the credit due him for the part he took in the establishment and development of the Hackensack hospital, which stands as a monument to his assiduity and humanity; that we extend to the family who mourn the loss of husband and father our sympathy, with the hope that their sorrow may be overshadowed by precious memories and that the poignancy of their grief may be mitigated by the heritage of a life well spent.

Be it further resolved, that this simple tribute be spread upon the records of the society.

BURLINGTON COUNTY.

H. Eugenia Whitehead, M. D., Reporter.

The regular meeting of the Burlington County Medical Society was held Wednesday, October 10th, 1917, at 1 P. M., at the Metropolitan Inn, Burlington.

The following program had been arranged: "Eclampsia, with Special Reference to Prenatal Care," by Dr. Colin Foulkrod, Philadelphia. Reports of interesting cases.

A special meeting of the society was called for Wednesday, July 25th, at 3.30 P. M., at the Arcade Hotel, Mount Holly, for the purpose of considering matters in which the physicians were interested, relative to the new county tuberculosis hospital at New Lisbon. The society unanimously recommended Dr. M. W. Newcomb of Brown's Mills, as superintendent of the institution and it was directed that the Board of Freeholders be notified to that effect. Dr. Newcomb was selected as a result of his experience and success in handling tuberculosis cases and because he has made the study of tuberculosis his life work.

President Lyman B. Hollingshead of Pemberton was the only physician to enlist for government service when the Society held a meeting at the Arcade Hotel recently. Members of the United States Army Medical Examining Board for New Jersey were present to explain the government service proposition and recommend commissions for those who desired to enlist, explaining that they had power to recommend commissions to physicians as lieutenant, captain and major, drawing the respective pay of \$2,000, \$2,400 and \$3,000 a year. It would seem that the physicians of the present enlistment age have decided to wait until conscription reaches them, as the government prospect as outlined does not seem to be very attractive from their point of view. There are said to be about six Burlington County physicians who are between the ages of 21 and 31 years and are now subject to call.

CAMDEN COUNTY.

Grafton E. Day, M. D., Reporter.

The 71st annual meeting of the Camden County Medical Society was held at the Dispensary Building on October 9th in the evening.

Reports were received from the secretary,

treasurer, historian, annual reporter, Board of Censors, Board of Trustees, the Committee on Arrangements and the Nominating Committee. A special committee, appointed at a special meeting on August 30th, 1917, to consider what action the society will take to conserve the interests of those members of the medical profession of Camden City and Camden County who are now, or will be, engaged in their country's service, as a result of the war, gave its recommendations, which provide for a division of fees, one-third of fees received to go to family of the absent member. Drs. Wallace, MacGeorge and J. W. Barrett, representing the N. J. Homeopathic Association, and Dr. I. R. Sivilis, representing the Dentists, had collaborated in the report and were present and voiced their argument.

A communication regarding a National Fee bill was read and referred to a committee—Drs. P. M. McCray, J. E. Roberts, Thos. B. Lee, L. B. Hirst and Wm. A. Wescott.

A resolution providing for increased fees was introduced and referred to a committee of which Dr. J. E. Howard is chairman, to report their findings to us at our December meeting.

The president's address on "Blood Pressure" was then delivered and it was requested to be published in the State Journal.

There followed the election of officers with the following results:

President, William W. Kain; vice-president, J. Anson Smith; secretary, Daniel Strock; assistant secretary, William H. Pratt; treasurer, Milton M. Osmun; reporter, Grafton E. Day; historian, Joseph E. Roberts; censor, William A. Wescott (1922); trustee, Joseph E. Hurff (1920); Scientific and Literary Committee, Ernest G. Hummel, chairman; Edward C. Pechin, J. Lynn Mahaffey; Committee on Arrangements, J. E. Roberts, chairman; H. F. Palm, J. W. Fithian.

Annual delegates to Medical Society of New Jersey: Thomas B. Lee, E. A. Y. Schellenger, J. E. Howard, J. W. Marcy. Delegates to Atlantic County Medical Society: Adriennette L. Le Fevre, chairman; Harry F. Bushey, L. B. Hirst. Delegates to Burlington County Medical Society: Theophilus W. Madden, chairman; W. S. Bray, O. W. Saunders. Delegates to Cape May County Medical Society: Walter H. Smith, chairman; L. C. Lyon, F. W. Shafer. Delegates to Cumberland County Medical Society: I. Grafton Sieber, chairman; J. E. L. Van Sciver, A. B. G. Reader. Delegates to Gloucester County Medical Society: Charles H. Jennings, chairman; Lida T. Allen, J. J. Haley. Delegates to Salem County Medical Society: Alexander S. Ross, chairman; W. E. Miller, F. B. Cook.

HUDSON COUNTY.

Howard S. Forman, M. D., Reporter.

The annual meeting of the Hudson County Medical Society was held October 2, 1917.

The following officers were elected for the ensuing year:

President, Dr. W. Homer Axford; vice-president, Dr. William L. Pyle; secretary, Dr. Charles H. Finke; treasurer, Dr. H. H. Brinkerhoff; reporter, Dr. H. S. Forman.

Dr. Stanley R. Woodruff was nominated as permanent delegate to the State Society.

Dr. Ross McPherson, F. A. C. S., of New York City gave a very practical talk on "The Obstetrician and the Male Midwife." His re-

marks being occasioned on account of the recent discussion that the mortality of cases attended by physicians were three times that of those attended by midwives. He gave as reasons for poor obstetric work: 1. The general practitioners' attitude toward obstetrics; 2. The comparatively little attention paid to cases before labor both as to the examination of urine and examination of the patient. 3. The lack of advice given to pregnant women as to their mode of life, dietetics, care of breasts, etc. 4. Poor technique, lack of surgical cleanliness, lack of use of gloves. 5. Little attention and poor attention during the puerperium.

In the general discussion that followed Dr. Steadman emphasized the importance of careful examination to determine position. Dr. Swiney said that in his opinion the three things most important as regards the mortality of mothers were: 1, Examination of urine; 2, aseptic technique; 3, use of steril vulva pads. Dr. William Pyle emphasized the importance of telling the woman her condition with regard to lacerations.

Ex-Governor Fielder then gave a very patriotic and telling appeal to the profession in regard to food conservation.

MIDDLESEX COUNTY.

Frederick L. Brown, M. D., Reporter.

The annual meeting of the Middlesex County Medical Society was held at the Mansion House, New Brunswick, on October 17, 1917. President C. A. Hofer in the chair. Those present were: Drs. Hofer, Donohue, Sullivan, Carroll, Leonard, Smith, Scott, English, Runyon, Voorhees, Howley, Saulsberry, Merrill, Henry, Meinzer, Spencer, Gross, Riva, Silk, Urbanski and Brown.

The Nominating Committee reported the names of the following for officers for the ensuing year: President, Dr. Eugene A. Meacham; vice-president, Dr. Arthur L. Smith; secretary, Dr. W. H. McCormick; treasurer, Dr. D. C. English; reporter, Dr. F. L. Brown. There being no other nominations, the secretary, on motion, cast the ballot for those named and they were declared elected.

Dr. English, in presenting his report as treasurer—after showing a large balance on hand, made the following recommendations: 1, That this society purchase \$150 worth of Liberty Bonds; 2, that the county society dues for 1918 of all members commissioned in the military service of the country be remitted and that the treasurer be authorized to pay the State Society dues of such members for the year 1918 out of the county society's treasury; 3, that the entertainment fee of one dollar per member be omitted for the year 1918.

On motion of Dr. Henry the recommendations were all adopted.

Dr. Miner C. Hill of New York City was then introduced and gave a very interesting and instructive address on "The Use of Dry Milk in Infant Feeding." He gave an account of the process of the manufacture of the milk and gave statistics which showed the marked success reported by those who have used it in certain clinics in New York City; that there had been a decided drop in infant mortality rates. Other advantages of its use were said to be its simplicity and adaptability to feeding among the poor and ignorant people with whom formula feeding with raw cows' milk had been

unsatisfactory. The opportunity to ask questions was given and several availed themselves of it and discussed the subject.

SALEM COUNTY.

Norman H. Bassett, M. D., Reporter.

The annual meeting of the Salem County Medical Society was held at the Nelson House, Salem, October 3, 1917, the president, Dr. Joseph M. Husted of Woodbury, called the meeting to order at 2 o'clock P. M. and after the transaction of regular routine business the election of officers for the ensuing year resulted as follows: President, Dr. Henry F. Johnston; vice-president, Dr. Carey Lamborn; secretary and treasurer, Dr. John F. Smith; reporter, Dr. Norman H. Bassett.

The speaker of the meeting was Dr. Robert Boyer of Philadelphia, who gave a very entertaining and instructive address on "Hematuria," which was discussed by members present, after which they adjourned to the dining room where the dinner was enjoyed by all.

The names of members of our society engaged in army work are sent herewith.

SOMERSET COUNTY.

J. Hervey Buchanan, M. D., Reporter.

The regular annual meeting of the Somerset Society was held at the Ten Eyck House, Somerville, October 11, 1917. In the absence of the president, Dr. T. H. Flynn occupied the chair and called the meeting to order at 1.30. The attendance was small and no special scientific program had been provided, owing to our present war situation. The election of officers for the ensuing year resulted as follows:

President, Dr. T. H. Flynn; vice-president, Dr. M. C. Smalley; secretary, Dr. L. Ely; treasurer, Dr. R. F. Hegeman; censor for 3 years, Dr. A. L. Stillwell; reporter, Dr. J. H. Buchanan; annual delegate, Dr. D. F. Weeks.

The secretary and treasurer both being in active military service the following were elected to pro tempore service in such offices: As secretary, Dr. J. Henry Buchanan; as treasurer, Dr. C. R. P. Fisher.

The annual dinner following the meeting was of the usual high order arranged by Mrs. Lake and won her a vote of thanks.

Local Medical Societies.

St. Michael's Hospital Clinical Society.

Eugene W. Erler, M. D., Sec. Pro Tem.

The quarterly clinical meeting of St. Michael's Hospital staff was held October 4, 1917. The meeting was called to order at 9 o'clock P. M., with Dr. A. A. Strasser presiding; twenty-four doctors present.

Case 1. Presented by Dr. J. F. Hagerty. Case of intrauterine amputation of right hand with primitive thumb and small stumps in place of fingers, neither movable; x-ray showed absence of metacarpal bones and phalanges.

Case 2, by Dr. Hagerty. Boy 10 years of age, presenting symptoms of hypothyroidism, hands those of achondroplasia.

Case 3, by Dr. Hagerty. A vaginal cyst, the size of small orange, on anterior vaginal wall.

Case 4, by Dr. Hagerty. Woman of 37, with enlarged thyroid and marked symptoms of hyperthyroidism, viz.: exophthalmos, tachycardia

and tremor. Onset of symptoms at age of 31. Dr. Hagerty remarked that in cases of developing symptoms late in life, the symptoms were apt to be much more severe.

Pathological specimens shown by Dr. J. W. Gray: Colloid goitre; adenoma of thyroid.

Case 5. Reported by Dr. H. W. Long. Case of acute miliary tuberculosis, first sent to Soho because of meningeal symptoms. On autopsy, no tubercle in the cerebrospinal system, but general tuberculous pneumonia and tubercular peritonitis; meningeal symptoms probably due to intense toxemia. Duration of case very short.

Case 6, by Dr. Long. Case of cerebrospinal syphilis; only complaint was constipation, persistent headache and constant drowsiness. Wassermann was 4+. Similar cases were reported by Drs. Keim, Harden and Hagerty.

Case 7, by Dr. Long. Case of typhoid fever, admitted here during third week; had continued fever for seven weeks without any complications.

Case 8. Reported by Dr. A. S. Harden. Inoperable carcinoma of cervix uteri. Statistics were given on similar cases in the hospital during the past eighteen months. Treatment by hot water in special apparatus described by Dr. E. J. Ill. Percy operation described by Dr. W. Gauch with very favorable comment.

Case 9. Reported by Dr. E. J. Ill. Case of ovarian fibroid, with partly twisted pedicle; the body of the fibroid containing many cysts which were probably distended lymphatic spaces.

Case 10, by Dr. Ill. Case of supposed cysts of Bartholin's glands, proved to be sarcoma of vagina. Attention was called to the fact that these cases usually suffer severely from hemorrhage in removal of tumors and are bilateral.

Case 11. Reported by Dr. Hagerty. Case of congenital defect of caecum, the caecum was very small and was found with appendix up under the stomach—the result of failure of rotation of the colon during intrauterine development; appendix small and atrophied.

Case 12. Reported by Dr. J. B. Casale. Case of noma. Spirillae found in smears. Origin in upper lip, involving both cheeks, nose, lower lip and causing marked destruction of hard palate; death.

Case 13. Reported by Dr. Fewsmith. Case of carcinoma in lymph node below the breast; no carcinoma found in breast. Possibility of carcinoma of an accessory breast was mentioned by Dr. Ill.

Case 14, by Dr. Fewsmith. Case of carcinoma of caecum. Resection; lateral anastomosis; perfect recovery.

Case 15, by Dr. Fewsmith. Case of compound, comminuted fracture of the tibia; with great crushing; particles removed. Defect of about four inches of the tibia; to be bone-grafted.

The following members were present: Drs. E. J. Ill, E. A. Ill, Strasser, Hagerty, Long, Fewsmith, Lippincott, Gauch, Harden, Ward, Bumstead, Keim, Patterson, Minningham, Potter, Gersterfeld, Gray, Heller, Woodcock, Erler and four of the hospital internes.

Clinical Society of the Oranges.

Walter B. Mount, M. D., Secretary.

A regular meeting of the Clinical Society of the Oranges was held on Monday evening, Oc-

tober 1, 1917, at the home of Dr. McLellan in East Orange. All members were present except those on active duty in the Reserve Corps of the army. Dr. Lane and Dr. Lockwood were present as guests. Of the members, Dr. Adams is with the Ambulance Unit No. 33 at Syracuse, N. Y.; Lieut. Buvinger is at Camp Funston, Fort Riley, Kan.; Lieut. Riggins is at Camp Greenleaf, Fort Oglethorpe, Ga., and Lieut. Seidler is at the Army General Hospital No. 1 (the Columbia War Hospital), in New York City. One other member of the society has a commission in the Medical Reserve Corps of the army, making a total of 5 out of the 14 members of the society—a percentage of 35.7.

The meeting was called to order at 9.40 P. M., Dr. McLellan in the chair. Dr. Chamberlain repeated some of his experiences at a convalescent war hospital in Canada during the summer.

Dr. McCroskery reported a case of shoulder presentation. At first it was thought that the breech and vulva were felt. Later the hand presented and protruded from the vulva and then the fetal heart could not be heard. A version was done but the cord did not pulsate and the child was dead.

Dr. Chamberlain reported that a monster had been delivered at the Orange Memorial Hospital, a cyclops with the nose above the central eye. Dr. Chamberlain also reported a case of cholecystitis during pregnancy. During two pregnancies there had been attacks of gall stone colic with typical pain but no jaundice; the attacks occurred about every two to four weeks during pregnancy and at no other times. To control the pain morphine was necessary. Three weeks before term a typical attack was promptly followed by the birth of a premature child.

Dr. Chamberlain reported a case of carcinoma of the intestines in a young man 26 years old. An appendectomy had been done from which he made a good recovery, except that he lost weight and after several months had to give up business. There was a rapid pulse, 110-120, only occasional fever, no cough and no physical signs in the chest. A diagnosis of tuberculosis was made. He came home from a stay in the country no better, with his chief complaint an absolute loss of appetite. Tuberculosis was still the diagnosis. The haemoglobin was now 53 per cent, there was an excessive indicanuria, and the abdomen was negative on physical examination. The lactic acid bacillus culture improved his appetite and his general condition. Operation on a thrombosed haemorrhoid gave relief. Later, about a year after the appendectomy, he grew worse and a mass could then be felt about the scar in the right iliac region, which proved to be a carcinoma. The retroperitoneal glands were involved.

Dr. Parker reported that he knew a woman of 36 weighing 230 pounds whose menses are irregular but who can tell when she is pregnant by the appearance of attacks of violent epigastric pain radiating to the right shoulder and requiring morphine.

Dr. Parker also reported a case of gall stones in a woman of 34 weighing 148 pounds with a two years' history of much indefinite gastrointestinal trouble. There was a sudden onset of violent epigastric pain, a little fever (100), no jaundice or history of jaundice. There was shock, a poor pulse, and a cold clammy pers-

piration. The pain was so agonizing that $1\frac{1}{2}$ grains of morphine were given during two hours and only deadened it but did not entirely relieve it nor allow her to sleep. The pain subsided gradually in 24 hours and in three days she was well. There was no tenderness or soreness. The heart, blood pressure, blood count, Wassermann, gastric analysis, and the stools were normal. After lavage the fluid returned clear. There was no nausea, and no vomiting except after morphine had been given. A second and a third attack followed at intervals of two weeks and one week. There was probably a single gall stone which became lodged in the cystic duct and then slipped back.

Dr. Parker also had a patient 32 years old who had had one child, was three months' pregnant and anxious to have another child. There was a complete prolapse of the uterus with some ulceration of the cervix, which a pessary would not hold in place. A pneumatic ring was to be tried. Dr. Muta said that one of his patients had worn a pneumatic ring in three pregnancies.

Dr. Warner reported a case of typhoid fever in an individual who had been immunized against typhoid fever. After his typhoid the Widal was negative. If typhoid vaccine immunizes it gives a positive Widal. Dr. Chamberlain said that for 10 years after he had had typhoid fever he had a positive Widal.

Dr. Moulton reported a case of a tumor complicating labor in a multipara. At first a vertex presentation was diagnosed, but progress was slow and a later examination revealed a mass and above that a breech. This tumor at first was thought to be a head, for it was of the proper size; but it was too soft for a head and had the feel of being a hydrocephalus. The tumor was pushed up and a breech extraction done, during which the clavicle was broken. At the end of the puerperium the tumor was only one-third of its size at the time of labor. A cyst in the broad ligament was thought of but would not have become smaller. It was probably a fibroid.

Dr. Moulton reported a case of pregnancy who had grippe at the fourth month and at the seventh month a sudden development of kidney trouble and eclampsia. A Caesarian was done but the patient died on the table. Her widower married again and his second wife had a Caesarian done at the seventh month for the same reason. This patient recovered, but the baby was small.

Summit Medical Society.

William J. Lamson, M. D., Secretary.

The regular meeting of the Summit Medical Society was held at the Highland Club on Friday, October 26, at 8.30 P. M., Dr. Morris entertaining and Dr. Hamill in the chair.

Present: Drs. Baker, Bebout, Campbell, Hamill, Jaquith, Keeney, Krauss, Lamson, Meigh, Moister, Morris, Pollard, Prout, Reiter, Rockwell and Smalley, and the following guests: Drs. O'Reilly, Tator, Falvello and Schenck of Summit, Dr. Taylor of Maplewood and Dr. Banker of Elizabeth.

The amendment, proposed at the last meeting, increasing the membership from 22 to 25, was unanimously passed.

The following nominations were then made: Dr. H. M. O'Reilly of Summit, proposed by Dr.

Lamson; Dr. C. R. Kay of Peapack, proposed by Dr. Smalley; Dr. H. P. Dengler of Sprngfield, proposed by Dr. Hamill.

The address of the evening was made by Dr. Walter Timme of the Neurological Institute, New York City, on "Disturbances of Internal Secretion." He discussed particularly the functions of the thyroid, pituitary and adrenal glands. These all have a mutual interrelation, and if one is not functioning properly the others exhibit a compensatory activity.

Thyroid: Secretion causes oxidation of protein metabolism, breaking up the amines and amino-acids into co z and water. If lessened, as in myxoedema, these partial oxidation products are retained in the body. If excessive, metabolism is overactive, causing a "protein pull," and the well-known symptoms of hyperthyroidism. The thyroid also stimulates and regulates the other glands mentioned above.

Pituitary: Ant. lobe—only within the last nine months has its active principle, "tethelin," been isolated. This controls growth, and has to do with gigantism (in adolescence), acromegaly (in adult life), and the other arthritides. Post lobe—has many active principles, and effects, such as pressor principles, galactagogue, uterine contractor, sugar regulator (opposing the pancreas), sexual changes, hair distribution, urinary flow and mental deficiency.

Adrenals—Cortex, is nine times the size of the medulla, and its activity varies directly with the cerebral cortex. It produces an inhibitory substance, and contains pigment-regulating cells and certain lipoids. Embryologically it is the same as the gonads.

Medulla, produces adrenalin, which maintains the tone of smooth muscle fibre, though not necessarily increasing blood pressure. It also causes a mobilization of sugar when required.

Dr. Timme described some clinical cases illustrating the above conditions, and the effect of glandular therapy upon their symptoms. His address was illustrated by some very interesting lantern slides.

ESSEX COUNTY SOCIETY.*

Richard J. Prown, M. D., Reporter.

The 102nd annual meeting of the Essex County Medical Society was held at the rooms of the Board of Trade on October 2nd, 1917; the president, Dr. Edward Staehlin in the chair. The report of the Committee on Care and Treatment of Insane and Feeble-Minded was presented by Dr. Payne, due to the illness of Dr. F. C. Horsford, chairman. The Legislative Committee presented its report through Dr. Wells P. Eagleton, chairman. Dr. Bennett, chairman of Committee on Necrology, presented a report on the deaths of Drs. Carl Buttner, Henry Korneman, Henry Towle, Louis E. Hollister, Henry L. Coit, Joshua Read and Charles Young. The Committee on Public Health reported through Dr. Armin Fischer, chairman. Dr. T. W. Corwin, chairman of the Committee on Tuberculosis, reported for that committee. Dr. John F. Hagerty, chairman of committee to formulate action on behalf of

(Continued on page 444).

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Never again in the history of medicine in this country will such an opportunity be afforded you to serve your country as well as the best interest of yourself.

The experience which you will gain by being commissioned in the Medical Reserve Corps and seeing active service, will be worth more to you in a professional way than you could acquire in years of practice in civil life.

The pay granted to officers in the Medical Reserve Corps is sufficient not only to cover all needs, but enable you to lay aside a comfortable balance, and while the older men in the profession have come forward, it is to the younger men that the greatest benefits accrue.

The experience will prove broadening both professionally and mentally. With this experience and the thought that you have served your country in time of need, you will return to civil life and receive the further benefits from your patients, friends and acquaintances, always accorded to one who has been so prominently individualized as this opportunity will afford you.

HOW ARMIES HAVE BEATEN DISEASES.

The Western Medical Review, August issue, has an excellent editorial on the above

subject, quoting Major General W. C. Gorgas' cheerful prediction that the splendid showing of the Canadian troops is to be repeated for the armies of the United States. Figures are quoted showing that the deaths from sickness has constituted less than 5.3 per cent. of all the deaths and less than 1.5 per cent. of all the casualties, and that only one out of 411 Canadian soldiers had succumbed to sickness in the course of nearly three years of camp and trench life combined. This seems to put an end to the tradition that disease is more deadly than bullets, showing the great triumphs of thorough-going sanitary measures in our armies in these later years. A marvelous advance when we consider the United States' last war with Spain in 1898, when the deaths from sickness and wounds were in the proportion of about six to one as against the Canadian proportion of one to twenty. General Gorgas says: All the old terrors of the army have been forced to surrender to science. Typhoid, which used to be the worst scourge of troops, is now eliminated by vaccine, and the same is true of various lesser diseases. The freedom from dysentery is now known to be merely an intelligent handling of water supply which is a part of the A B C of army sanitation as it is in civil communities. There is a tremendous difference between the medical preparedness of the American Army to-day and that which existed at the time of our Spanish War in 1898." Major Noble of the Surgeon General's Corps gives these figures:

"For four months in 1898 a volunteer division was camped at Jacksonville, Fla. This division, with a mean strength of 10,759 men, had 1,729 cases of positive typhoid fever and 964 cases of fever, probably typhoid, with 248 deaths from this one disease and 281 deaths from all other diseases in four months in a division of less than 11,000 men, an annual death rate of 147.5 per 1,000, and for diseases other than typhoid the death rate was 78.3 per 1,000 per annum. Contrast this with the division of the regular army encamped in 1911 for the same length of time at San Antonio, Texas. This division, with a mean strength of 12,801 men, had 1 mild case of typhoid fever and but 11 deaths from all other illness; a death rate of 2.58 per 1,000 per annum; a rate one-thirtieth of the death rate at the Jacksonville camp for diseases other than typhoid. These camps were in the same latitude for the same length of time, and each was supplied with artesian water. I wish by this comparison to illustrate one point, and that is that in Texas the medical officers were trained officers."

It is a great fact also that the officers of the American armies destined to fight in France are and will be trained officers fully equal to those in the Texas campaign of 1911.

The chief exception to the great reduction in sickness appears to be that of tuberculosis in the French armies, but, as Gen. Gorgas says, that was due to the fact that France had no time to pick and choose her men with reference to their physical fitness for war; she was invaded and overrun and had to defend herself; her life was at stake and she had to act quickly without satisfying herself as to the health of every recruit, as has been done in England, Canada and the United States.

General Gorgas says concerning the popular idea that the deadliness of gun fire in this war exceeds that of all previous wars: "I doubt if the killing with weapons, although unprecedented in actual numbers, is as great in proportion to numbers of men engaged as has been the case in some previous wars," and he cited—the battle of Gettysburg and Grant's advance from Fredricksburg to Petersburg."

We merely refer to the fact that the reports concerning casualties among medical officers in the present war have been greatly exaggerated, e. g., physicians who received minor casualties having been listed among those killed and many of them were wounded because of unnecessary exposure. In one instance only two per cent. of the number stated were killed or seriously wounded.

General Gorgas is quoted in the editorial referred to concerning the men who will return home after the war, as follows:

"I think that the men who serve in this war and who escape wounds will be, on the whole, in better physical condition when they come out than when they went into the army. I think this in spite of the hardships peculiar to trench warfare, because of the life of the men in the open air and their scientifically selected, wholesome food. Also, the further we can keep alcohol from the soldiers, the better it will be for them and for the countries they serve. I am in favor of eliminating alcohol from the army altogether."

It is a matter of deep regret to the Editor that he has not yet been able to secure a full and accurate list of the New Jersey doctors who have enlisted in the medical service of our country, as he is anxious to insert their names on the Honor Roll to be published in our Journal. We have now less than 200 names, whereas, Dr. J. MacDonald of the M. O. R. C. and of the Examining Board informs us that more than 400 New Jersey doctors have offered their services, nearly all of whom have already

been commissioned or accepted, and he has kindly offered to assist us in compiling our Honor Roll list. We, however, renew our urgent request that the secretary of every county society will send the name of every doctor resident in his county who has entered the service whether a member of the society or not.

We give up three pages that were reserved for editorial matter this month and rearranged other matter in order to insert three reports and other items that came after the make-up of the Journal was completed. Reporters and secretaries will please send reports earlier as it is exceedingly difficult to rearrange insertion at so late a date.

We regret that we could not insert this month Drs. L. K. Henschell's and Edward Staehlin's presidential address; Drs. P. B. Bland's and A. J. Ochsner's scientific papers, and Dr. James Hunter's list of the doctors of South Jersey who have entered U. S. military service. We hope to give them next month.

We regret to hear as the Journal goes to press of the deaths of Drs. William F. Gutherson of Paterson and Henry Allers of Harrison. Further notice will be given next month.

ESSEX COUNTY REPORT.

(Continued from page 442).

those who had gone to the front, reported that each doctor had been sent a copy of the rules of conduct to be followed by the physicians staying at home. The secretary's report was accepted as read.

The society then proceeded to the election of new members. Drs. Raywitz, Parsonnet and Martin were elected members.

Dr. Fred Webner was nominated to fill the vacancy as permanent delegate to the State Society caused by the resignation of Dr. E. J. Ill. Dr. D. L. McCormick was also nominated a permanent delegate. Drs. R. H. Rogers, Hugh Cook, Leroy Kirkman, Peter Motzenbecker, Victor Parsonnet, Herman F. Stein, F. J. Kerns, George Rogers, A. Fischer, F. Devlin, H. B. Vail, E. Reissman and Guy Payne were elected annual delegates.

The election of officers of the society was then proceeded with, with the following results: Dr. Ralph H. Hunt, president; T. W. Corwin, vice-president; Dr. F. W. Pinneo, secretary, and R. H. Rogers, treasurer. Dr. Richard J. Brown was appointed reporter. Drs. H. W. Long and A. J. Mitchell were elected to succeed themselves as members of the council.

Meeting of the Essex County Anatomical and Pathological Society held Thursday evening, October 11th. Demonstration and discussion of pathological specimens by Dr. J. W.

Gray. Drs. Epstein and H. Bush presented a case of nephrolithiasis. Dr. A. Stahl presented a case of hypertrophy of the prostate accompanied by vesical stone. Drs. S. Brock and A. R. Casilli presented a case showing an unusual combination of three lesions: (a) Diffuse carcinomatosis (primary in breast); (b) syphilis; (c) glioblastoma of the brain. Dr. A. R. Casilli presented the theory of the Wassermann reaction and its application.

Meeting of the Academy of Medicine, Section on Eye, Ear, Nose and Throat, October 22nd. Dr. Elbert S. Sherman presented a paper on "Scleral Trephining for Detachment of Retina." Dr. John McCoy, surgeon of New York Eye and Ear Infirmary, presented a paper on "Surgical Treatment of Cancer in Larynx, and also Cancer Involving Larynx and First Part of Esophagus."

Section on Gynecology and Obstetrics, meeting held Wednesday, October 24th. Paper by Dr. Ross McPherson of the Lying-in Hospital, New York City, on "Conservative Treatment of Eclampsia."

Camden County Anti-Tuberculosis Association.

The annual meeting of this association was held October 5 at the Y. M. C. A. building. Addresses were made by Drs. J. L. Mahaffy, Joel Fithian, Alex. MacAlister and others, and officers were elected for the ensuing year. Dr. Mahaffy spoke of the increasing number of cases at the free clinics held at the Camden City Dispensary.

Dr. MacAlister read a paper from Dr. E. M. Easton, secretary of the N. J. Anti-Tuberculosis Society in which he declared that despite the fact that there are now seventy-five beds at Ancora Sanatorium, there are but one-quarter enough for the patients in the county. He urged the establishment of more fresh-air schools for children, stating that but one is conducted in Camden, and that is for girls. He also urged exemption boards to reject men under the draft laws who have just left tuberculosis sanatoriums.

Dr. Fithian gave an excellent account of the work being accomplished at Ancora and urged the co-operation of the association with that institution.

NEW JERSEY JOINT TUBERCULOSIS CONFERENCE.

The New Jersey Joint Tuberculosis Conference will be held in the City Hall, Jersey City, November 8th and 9th, under the auspices of the New Jersey Anti-Tuberculosis League and the Hudson County Tuberculosis Hospital and Sanatorium.

This conference opens on Thursday, November 8th, at 2 P. M., with Dr. Samuel B. English, of Glen Gardner, as chairman. Dr. David Lyman, of Gaylord Farms, Wallingford, Conn., will speak on "Institutional Care and Treatment." Mr. George J. Nelbach, of the New York State Charities Aid Association, will speak on the "Importance of the County Hospital."

At 3 P. M. there will be symposium on "Tuberculosis in Childhood," with Dr. Julius Levy, of Newark, as chairman. Prominent New Jersey workers along health lines will take part in the discussion.

At 8 P. M. the topic will be "The Public and

the Fight," with Dr. Gordon K. Dickinson, of Jersey City, as chairman. Dr. E. S. McSweeney, Medical Expert of the New York State Department of Health, will discuss this topic and bring out its relation to the present war conditions.

On Friday morning, November 9, the annual meeting of the New Jersey Anti-Tuberculosis League will be held at which time reports from the thirty-eight local associations will be made. Dr. H. A. Pattison, medical field secretary of the National Association, who has been appointed to visit all the camps and co-operate with the government in the elimination of tuberculosis among the soldiers.

At 2 P. M. medical and health aspects of tuberculosis will be discussed with Dr. B. S. Pollak as chairman. Dr. Maurice Fishberg, of New York, will speak on "Should Sanatoria Patients Work?" Dr. M. J. Fine, of Newark, will speak on the prevalence of tuberculosis among soldiers. At 4 P. M. the delegates will make a trip to the Hudson County Sanatorium at Secaucus, where a buffet supper will be served.

At 8 P. M. there will be symposium on "Tuberculosis in Industry," with Dr. I. E. Gluckman as chairman.

Academy of Medicine of Northern New Jersey.

The stated meeting will be held on Wednesday, November 21st, at 8.45 P. M. After the regular business, including the election of several new members, the following paper will be presented:

Title: "Heredity, from the Work of the Vineland Laboratory," by Henry Herbert Goddard, Director of the Research Laboratory of Vineland School for the Feeble-Minded.

The Section on Medicine will meet Tuesday, November 13th, at 8.45 P. M. Regular business of the Section, after which the following will be presented:

"The Experience and Observations of the Medical Examiners in Selecting the Candidates for Military Service." Dr. Carl E. Sutphen will be the first speaker. The chairman will call upon the various members of the examining boards to give their experience. General discussion will follow.

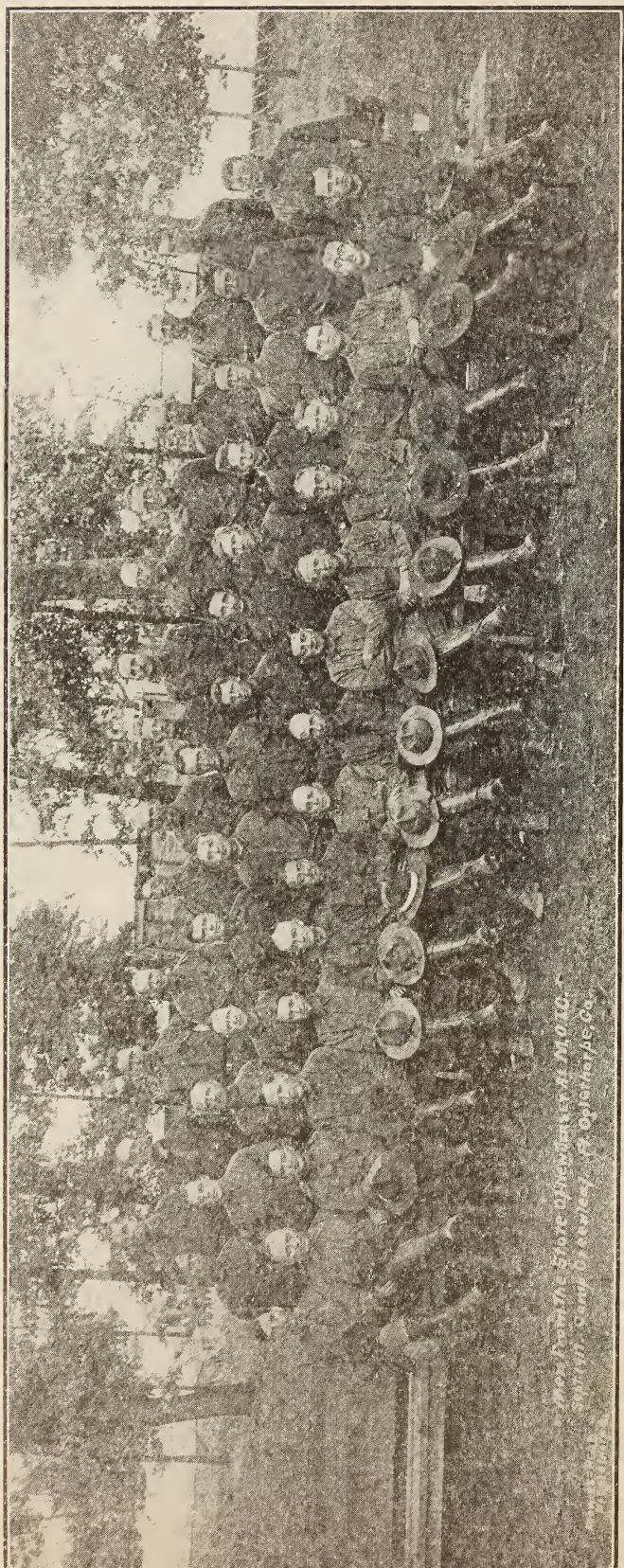
The Section on Eye, Ear, Nose and Throat will meet Monday, November 26th, at 8.45 P. M. Regular business of the section. Report of cases. Paper by Robert G. Reese, M. D., surgeon of the New York Eye and Ear Infirmary. Subject to be announced on postal card.

The Section on Surgery, Obstetrics and Gynecology will meet, under the auspices of the Section on Surgery, Tuesday, November 27th, at 8.45 P. M. Regular business of the section. Report of cases.

Clinical demonstration on Bone and Joint Tuberculosis treated with Tuberculin, by Sidney A. Twinch, M. D. Many cases will be shown. Discussion will follow by Ellis Bonine, M. D., of New York, Richard C. Newton, M. D., of Montclair, and others.

The November program gives the names of thirty members of the Academy who are in "The Service of Our Country," and of three others who have accepted service but have not yet received their orders.

Camp Greenleaf, M. O. T. C., Sanitary Co. No. 1, Fort Oglethorpe, Ga.



The above picture was taken September 17, 1917, of the New Jersey doctors then in camp. They have formed a temporary organization with the following officers: President, Dr. Martin W. Reddan of Trenton; vice-president, Dr. Ralph H. Hunt of East Orange; secretary, Dr. Edward B. Rogers of Collingswood. (We thank Dr. E. B. Rogers for sending the picture and the names of the members of the organization which we give on the next page.—Editor).

Special War Items.

MEMBERS OF CAMP GREENLEAF, M. O. T. C., SANITARY CO. NO. 1, AT FORT OGLETHORPE, GA.

Whose Pictures Appear on the Opposite Page:
Major Howard D. Corbusier, Plainfield.

Captains: A. S. Wescott, Atlantic City; D. H. Crawford, Carl H. Wintsch and Thomas S. McCape, Newark; Ralph H. Hunt, East Orange; Elaise Cole, Newton.

Lieutenants: Edward R. Riggins, Orange; S. L. Salasin, Atlantic City; A. Carl Reeves, Cape May; Adolph V. P. Faidelman, Jersey City; George S. Reiter and William Satterer, Newark; Arthur H. Temple, Passaic; G. H. Cook, Pennsgrove; Anthony Gruessner, New Brunswick; Charles J. Murn, Peter S. Mallen, Orville R. Hagen and Thomas A. Clay, Paterson; Frank L. Field, Far Hills; P. E. McChesney; M. W. Curran, Chatsworth; John H. Whitaker, Ocean City; E. H. L. Dickinson, Martin J. Reddan and Edgar B. Funkhouser, Trenton; M. F. Lummis, Pitman; Charles M. Gray, Vineland; William D. Sayre, Red Bank; Edward B. Rogers, Collingswood; Charles H. Ball, Hoboken; Julius Gerendsay, M. Vinciguerra and Leo E. Froomes, Elizabeth; Edward P. Essertier, Hackensack; Harvey S. Brown, Freehold; S. A. Vandewater, Oradell; Walter F. Keating, Ridgewood; Alfred L. Ellis, Metuchen; Henry J. Harp, Susséx; W. H. Haines, Andabon; Ernest S. Ramsdell, Camden.

(We regret our inability to secure the order of these individual doctors as they appear in the picture, so that they might be recognized more readily.—Editor).

Commissioning of Medical Reserve Officers.

The chief of staff of the Army has given instructions to the Adjutant-General that no more commissions are to be issued in any branch of the military service until a complete check is made of the number of commissioned reserve officers on the rolls. It is expected that this will hold up all the appointments for at least three, and possible four, week. Hence physicians who have applied for commissions must not be disappointed if they do not hear regarding them for the period mentioned.

Nearly 14,000 Officers in Army Medical Corps.

According to reports issued by the Government September 4, there were more than 13,900 officers engaged in the work of the medical department of the army, including regular army officers and the four officers' reserve corps—medical, dental, veterinary and sanitary—connected with the work under the Surgeon General. It is estimated that at least 24,000 physicians will be included in the personnel of the department when full strength is reached.

Every step in caring for the physical welfare of the soldiers from the time they are sworn into service until they are discharged, comes under the Medical Department. In this work is included inspection of foods to be served soldiers, sanitation, care of the sick, and wounded, the operation of field, base and convalescent hospitals, "re-education" of the permanently crippled, handling the supplies for all this work, etc. The total number of hospital

beds will be on the basis of 25 per cent. of the strength of the army.

The Medical Department of the army deals only with the soldiers. The Red Cross looks after the civilian and non-combatant populations. Each operates alone in its field.

The Regimental Medical Officer.—The regimental medical officer shares the dangers common to the combatant officers and men, and stays with his battalion or brigade, as the case may be. His treatment can only be that of first aid, but he and his orderlies have saved innumerable lives, both by the rescue of wounded comrades from dangerous situations and by careful and rapid transport to the field ambulance sections in the support line.—British Medical Journal.

Medical Reserve Corps—Service Conditions.

Facts gathered from the "Official Bulletin," Washington, D. C.:

Officers of the Medical Reserve Corps who have specialized in medicine or surgery will be given an opportunity to perform the duties of their specialty when feasible, men of larger experience naturally being given preference.

In the Medical Reserve Corps there are three grades, viz., lieutenant, captain, and major. It is the policy of the Surgeon General's office to recommend the great majority of applicants for commission in the grade of first lieutenant, with the exception of making numerous promotions when the officers concerned have had an opportunity to demonstrate their professional qualifications and their adaptability to the military service after a reasonable period of active duty. Applications for increased grade are not favorably considered unless they come through military channels, in order that the Surgeon General may have the benefit of the recommendations made by the applicant's superior officers. Political influence is unnecessary.

In making recommendations for original commission, age, professional attainments, and previous military experience are the chief considerations in determining the grade in which the applicant should be commissioned. The pay of the different grades is: First lieutenant, \$2,000; captain, \$2,400; major, \$3,000.

When assigned to duty in a city (not in camp, thus not serving with troops), the assignment carries with it commutation of quarters: First lieutenant, three rooms; captain, four rooms; major, five rooms; at \$12 per room, heat and light additional.

Acceptance of a commission in the Medical Reserve Corps automatically places your services at the disposal of the Surgeon General wherever he deems them most valuable, either in the United States or abroad.

Acceptance of commission is for five years, unless sooner relieved from active duty on recommendation of the Surgeon General, when officers will be placed on the inactive list. Active duty in the present instance will naturally be for the length of the war plus four months, which will be required for the necessary physical examinations to be made of the men before they are discharged from the army. The old requirement of three years' service, including at least 90 days' active service before being eligible for promotion, has been eliminated.

In case of death from causes in line of duty, the Government pays to the widow or designated beneficiary six months' pay of the grade held by the deceased at the time of death. The deceased's family is also entitled to a pension.

Airplane Ambulance a Success.—A recent cablegram from Paris describes the testing of an airplane fitted with two stretchers for carrying wounded soldiers. The airplane ambulance has been constructed by the French Army aeronautic service and during a twelve minute flight covered the equivalent of a fifteen mile journey. Dr. Chassaing of the Army Medical Service expresses the opinion that this method of transportation will be more suitable for the severely wounded than the ordinary ambulance owing to the fact that equilibrium of the airplane is so perfect that there is no unnecessary pain to the wounded passenger.

American Training Camp in France.

American officers will devote the coming winter to a special study of the diseases peculiar to the war and war conditions, in addition to their work at the forward casualty clearing stations on the French and British fronts. At the casualty stations they will get all the experience they desire in the marvelous war surgery which has made such rapid strides in the past three years. They will be trained in all the medical phases of their work in the field at special schools. The first of these schools will be established this month at the hospital taken over by the Johns Hopkins Hospital Unit soon after the first contingent of American troops landed in France.

One subject to which much attention will be devoted will be that of "shell shock," which has proved very troublesome to both the British and French medical officers. Neurologists attached to the various American units will study the problem at French and British hospital and afterwards will give lectures to their fellow medical officers both in the hospitals and attached to the troops in training.

Various phases of insanity will be a very important branch of medical study this winter, while the doctors are waiting for the Americans to go into the trenches. Already a number of cases of mental breakdown have been treated in the hospitals.

Camps for the Tubercular Soldier.

Dr. Richard C. Newton of Montclair recently had an article in the Newark Evening News strongly urging camps for the care and treatment of the tuberculous soldiers, citing the case of California which had appropriated \$100,000 for that object. He says:

"We are sending to the war the flower of our manhood; humanity, decency and a proper regard for our own safety demand that we take every precaution to prevent a single unnecessary case of this horrible, albeit entirely preventable disease.

"A place should be provided at once for all recruits and drafted men, rejected because of tuberculosis, and every device of modern treatment should be employed to restore these men to health and to prevent the spread of the infection. This is a question which touches the honor and good name of the commonwealth and the wellbeing of every citizen."

Red Cross Nurses in Service.—The national committee of the American Red Cross announces that over 2,000 Red Cross nurses are in active nursing service and another 2,000 are in teaching and committee work. Nine thousand more stand ready to serve at once. Specially trained nurses are being held in readiness for work in units devoted to pediatrics, orthopedics, mental diseases, and public health. Infant welfare nurses have already been sent to France and Roumania, and plans are under way for sending a special unit of nurses trained in the care of mental diseases to serve in the mental wards established in the hospitals of 32 cantonments.

Permanent Base Hospitals for France.—The Red Cross has taken steps to replace the temporary structures now used as base hospitals in France with permanent buildings which will provide better protection against the rigors of a French winter. Major Murphy has cabled for 2,000,000 feet of fir which is being hurried from Oregon. Other supplies needed in construction are being collected for shipment as rapidly as possible. The American Red Cross has now more than a dozen base hospitals in France, each equipped with at least 500 beds.

Wives and Children in War Time.

How other countries provide from Government funds for the wives and children of their soldiers in active service, while the United States makes no such allowance is described in the latest report by the Children's Bureau of the U. S. Department of Labor. Separation allowances are granted not only in European countries where the pay of the private soldier of the lowest rank runs from 39 cents to \$7.30 a month, but in Canada and Australia which pay him \$33 and \$43.80, while he is engaged in foreign service. In addition to the soldier's pay the wife and children of the Canadian soldier receive from the Government \$20 a month; and the allowance to the family of the Australian soldier varies according to the number of children up to a maximum of nearly \$30 a month. The pension allowed by law to wives and children of soldiers killed in service are shown to be considerably higher also in Great Britain and the British dominions than in the United States. And the report describes various ways in which foreign Governments are making an effort to meet the special need of individual families.

In presenting this report to the Secretary of Labor, the chief of the Children's Bureau speaks of the general study of child welfare in the warring countries which is being conducted by the Children's Bureau and says: "The material contained in the accompanying report has been already utilized in drafting a proposed measure for soldiers' compensation in the United States by the Hon. Julian W. Mack, chairman of a special committee appointed by the committee on labor of the Council of National Defense for that purpose."

The American measure to which this refers has been endorsed by the President and by Secretary McAdoo. It has already passed the House of Representatives and is now pending in the Senate. This bill would provide separation allowances to families of men in active service and would revise the scale of compensation to disabled men and their families and to the widows and children of men killed in

service. It contemplates the organization of an effective system of re-education under Government direction based upon the experience of Canada and of Europe. It also includes a provision, suggested by the Canadian municipal insurance, whereby the Government would sell life insurance at rates based on the cost of insurance in time of peace, the Government itself carrying the added cost of the war hazard.

One Phase of Home Defense.

"Protect the defective children, provide for their training and proper care, and you will lessen the burden of dependency and delinquency." This is the gist of the advice contained in a new report on Mental Defectives issued by the Children's Bureau of the U. S. Department of Labor, and appearing with special timeliness now that war conditions may tend to make more serious the problem of delinquent and dependent children. The report is based on a study of the social conditions of 312 mental defectives in New Castle County, Delaware. A total of 175, or more than four-fifths of these, were in need of public supervision or institutional care because of bad home conditions, physical helplessness, or pronounced anti-social tendencies, and only 12 of them were provided for in an institution adapted to their care. Twenty-six of the defective children were in industrial schools for delinquent children.

Eminent English Surgeon Consulting with U. S. Army Medical Corps.

One of the most distinguished medical authorities active in war work, Sir Berkeley Moynihan, senior consulting surgeon of the British royal army medical corps and inspector of army camps in France, arrived here October 18 on a British steamship. Assigned by the British government, he comes to America to advise the United States army medical corps in its war preparations.

Bravery of American Surgeons Commended.

—A recent cablegram to the Associated Press from the British Front in France and Belgium pays the highest tribute to the American surgeons in the advanced casualty clearing stations. It is reported that at Ypres-Menin several surgeons and assistants have been working steadily for several days while shells were breaking about them. Those who have witnessed the scene say they have never beheld a demonstration of greater coolness than has been shown by these men.

Dr. Graham Wounded on the Firing Line.

Dr. Archibald F. Graham, Paterson, who desired immediate service and was sent with the vanguard of American medical officers to France, is the first Paterson victim of the war, and if the report is correct he was shot at the front; if so he is the first American of the expeditionary forces to be wounded on the firing line. He is suffering from gunshot wounds in the hips and other minor injuries. He is 29 years of age and a native of Paterson; was commissioned first lieutenant several months ago.

Dr. Elton S. Corson, Bridgeton, of the Medical Reserve Corps, who was home last month on a furlough from Camp Chickamauga, tells much of interest concerning camp life and es-

pecially in regard to sanitary provisions which are conserving the life of the men. By way of contrast—during the Spanish-American War there were about 25,000 troops at Camp Chickamauga and there were 2,000 cases of typhoid fever with about 300 deaths. There are about the same number of troops there now and aside from the interned German prisoners there have been but two cases of typhoid fever and no deaths. Among the German prisoners (who were given their choice of vaccination or not), there have been twenty-seven cases and two deaths.

Therapeutic Notes.

Dyspnea and Edema.

Fluidext, digitalis, mxl.

Sodii phosphat, 5iss.

Aquae, q. s., ʒiij.

M. Sig. ʒj. t. i. d.

F. V. Hunt, Med. World.

Irritable Bladder in Women.

Potass. citratis, ʒss.

Fld. ext. tritici, ʒj.

Tinct. bellad., ʒiiss.

Fld. ext. buchii, ʒss.

Aquae, q. s. ad., ʒiv.

M. Sig. Teaspoonful in a wine glass of water three times daily.—Shoemaker.

Irritable Bladder.

Fld. ext. tritici, ʒiij.

Tinct. belladonnae, min. lxxij.

Sodii bicarb., ʒi.

M. Sig. A teaspoonful in water every two or three hours.

Asthma.—Two severe cases of hereditary bronchial asthma reported by Segel were permanently relieved by the injection of 1 c.c. of solution adrenalin chloride 1:1000. A British physician (15-31), treated himself with 2-minim doses. Relief was instantaneous. Ephraim (15-58), has used adrenalin "with marvelous effect" in cases that formerly required large doses of morphine. He gives 15 minims, hypodermically. (Segel's and Ephraim's doses are rather large).

Enuresis.—A New Orleans physician reports his observations in the case of a boy, 16 years old, who had been afflicted with a persistent incontinence of urine since birth. He had run the usual gamut of treatment, including a circumcision, to no avail. He was given 15 minims of pituitrin, internally, night and morning, with the result that the trouble was abated within a week and has not recurred.

Nasal Hemorrhage.—Dr. W. Lapat, in the A. M. A. J., reports that spontaneous recurrent epistaxis is usually due to ulceration over capillaries or a vessel in the anterior nares, but at times it is difficult to locate the precise area from which the hemorrhage comes. This difficulty may be overcome by an application of adrenalin solution to the anterior portion of the septum. This blanches the whole mucosa except at the spots which give rise to the bleeding. These then stand out closely against the pale surface as red, circular areas.

The treatment is cauterization of these spots with ninety per cent. trichloroacetic acid.

Pyelitis in Children.—Dr. H. W. Long, in a paper in the Mich. State Jour., gives the following treatment. Prophylactic: accepting the theory of ascending infection, it is advisable to instruct mothers and nurses to cleanse infants carefully, that the urethra and vulva should not be contaminated by feces. This is especially important during warm weather when diarrheas are frequent.

General Treatment: The most important point in treatment is the necessity of large quantities of water and fluids in general, thus keeping the kidneys thoroughly flushed. Nursing babies should be kept at the breast as the mother's milk is particularly favorable to combat infection and maintain the child's resistance. Nourishment should be taken in abundance, those of liquid nature and an alkaline base, as it is essential to maintain and fortify the system against a deeper bacterial invasion. Malt soups and vegetables are highly recommended.

Medicinal measures are quite important. The greater factor here is to make the urine alkaline and keep it so. For this, potassium citrate has proven the best agent. This is given in large doses, 90 to 120 grains daily and continued for a long time. Hexamethylen in one grain doses is excellent but can not be used for any length of time, owing to the irritability it produces. This is also true of salol. Cathartics and close observation of the bowels, is of course, a necessity. Vaccines have proven of value in some hands, while Abt states he has not found the slightest benefit from them. It would appear that in the presence of a pure culture infection like the colon bacillus we should have an ideal condition to prove the merits of this form of therapy.

Pneumonia.—Dr. Markevitch advocates the use of camphor in oil, hypodermically, with digitalis internally. Among 226 cases thus treated the mortality was only 6.6 per cent. Dr. Seibert treated 36 cases, using 12 c.c. of the 20-per-cent. solution every twelve hours in adult cases, and 6 c.c. in those of children. All these patients but one recovered.

Mouth Washes.—In health, as well as in cases of oral disease, antiseptic mouth-washes should be used as often as possible, and a really satisfactory mouth-wash, both cheap and effective, is a saturated aqueous solution of thymol.—Ther. Gaz.

Emetine.—Emetine is a powerful agent for the control of hemorrhage. This alkaloid will control oozing better than any other hypodermatically administered remedy heretofore employed. Emetine has been used successfully to control severe nose-bleed, intestinal hemorrhage, hemorrhages from the throat and nose following surgical operations.—Clin. Med.

Angioneurotic Edema Treated with Adrenal.—J. Alfred Codd, in the British Medical Journal, reports a case of severe angioneurotic edema of long duration cured now for four years by subcutaneous injections of adrenalin or epinine, followed by the oral administration of suprarenal tablets.

Hospitals.

Hackensack Hospital.

The will of Dr. David St. John provides for a trust fund of \$10,000, the income of which is to be paid to the Hackensack Hospital Association.

Monmouth Hospital Crowded.

The increased enrolment at the Monmouth Memorial Hospital has baffled the board of governors, and steps are being taken to increase the number of beds at least fifty. The enrolment October 5 was 101, which is greater than any time during 1916, even in mid-summer, the busiest time. There are three soldiers under treatment.

Mountainside Hospital Appeals.

Efforts to secure about \$8,000, the minimum amount that will insure a continuance for the present of all of the activities of Mountainside Hospital, Glen Ridge, are being made by that institution. It is pointed out that if for no other reason than as a war measure the hospital should be kept available for training nurses and doctors.

St. Mary's Hospital, Hoboken.

The facilities of St. Mary's Hospital, Hoboken, have been accepted by the medical authorities of the army for the treatment of casualties at the Hoboken wharves and the Tenafly embarkation camp. Some beds will also be reserved for the treatment of some of the soldiers invalided home from France. The nuns who conduct St. Mary's will have the assistance of government nurses.

Base Hospital at Hoboken Planned.

The question of a large base hospital in proximity to the Hoboken docks is being considered by the medical authorities. It has been plain for some time that it would be desirable to have one or more large hospital plants near the port of embarkation and with this in mind the views of the leaders of the medical profession as to the site and extent of equipment are now being sought.

Hudson County Tuberculosis Hospital.

This new hospital building cost about \$120,000. It had 130 beds and nearly all of them have been occupied by patients with seriously developed tuberculosis already—before the hospital is fully completed. The building has three floors, two for men and the other for women patients. The roof is also to be well equipped as an outdoor ward for children suffering from glandular tuberculosis; it is to be enclosed by a seven foot wall. Care was exercised in its location so as to secure the fullest possible amount of sunlight. At the north-west end are the nurses' quarters and as many of them have served faithfully for seven or eight years, their quarters have been well equipped so as to provide for their comfort.

This new building will greatly add to the equipment at Laurel Hill and enable the board of managers to do still more excellent work in fighting tuberculosis in Hudson County. Dr. G. K. Dickinson is president of the hospital

and sanatorium board of managers, Drs. G. H. Sexsmith of Bayonne and F. J. Quigley of Union Hill are members of the board. Dr. B. S. Pollak is resident medical director of the hospital and superintendent of the work at Laurel Hill and he is also secretary and treasurer of the board of managers. He has made extensive study of the disease and its treatment both here and in Europe. The County Board of Freeholders appropriates \$100,000 annually for the work of the board. During the year 1916, there were 563 patients cared for at Laurel Hill. At the clinics conducted by the board 44,368 patients have been cared for altogether.

Bonnie Burn Sanatorium.

On September 1st there were 167 tuberculosis patients in the sanatorium, 99 males and 68 females. Seventeen patients were admitted during the month, 11 males and 6 females, classified as follows: Incipient, 1; moderately advanced, 6; far advanced, 10.

The largest number of patients present during the month was 167; smallest number, 158. The daily average for the month has been 161.6 patients.

Hospital for China.—The corner-stone of the \$2,000,000 hospital and medical college which the Rockefeller Foundation is establishing in Peking, China, was laid on September 24 by Fan Yuen-lien, Minister of Education. Dr. Frank Billings of Chicago, who is returning from his work with the Red Cross Mission to Russia, made the principal address.

Marriages.

DONOHUE-WALTER.—At Avon, N. J., October 10, 1917, Dr. Daniel Donohue, Jr., to Miss Julia Eleanor Walter, both of Jersey City.

HAMILL—KENNY.—At Jersey City, N. J., August 27, 1917, Dr. Patrick Joseph Hamill to Miss Mary Kenny, both of Jersey City.

Deaths.

GILBERT.—At Bordentown, N. J., October 11, 1917, Dr. James S. Gilbert, aged 58 years.

Dr. Gilbert was born in Cecil County, Md., September 20, 1859. He went to Bordentown with his parents in 1875. He studied medicine with Dr. T. A. Taylor of Pomeroy, Pa.; he graduated from the College of Physicians and Surgeons, Baltimore, Md., in 1886; registered in Burlington County April 7, 1886, and practiced in Bordentown for 28 years. He was Mayor of Bordentown from 1893 until 1901. He was a member of the Burlington County Medical Society, the Medical Society of New Jersey and the American Medical Association.

GRISWOLD.—At Morristown, N. J., October 25, 1917, Dr. James B. Griswold.

Dr. Griswold was born in Lynne, Conn., December 18, 1870. He was of a well-known New England family. He received his education at Yale, Columbia and Dartmouth,

graduating from the Dartmouth Medical School in 1893. After hospital practice in New York, he settled in Morristown in 1899.

IN MEMORIAM.

David St. John, M. D.

The Board of Directors of the Hackensack Trust Company, at their meeting held recently, passed the following resolution:

"The Directors of the Hackensack Trust Company have received with profound sorrow the news of the death of their friend and associate on the Board and the first vice-president of the company, Dr. David St. John.

"We shall miss his cheerful manner, his sound advice, and his willingness to be of service in all emergencies.

"In his professional and civic life he was the highest type of gentleman and leaves to his family the heritage of a busy life well lived.

"We extend to his family our sincere sympathy in the hours of their bereavement."

Benjamin A. Waddington, M. D.

Whereas, The Salem County Medical Society wishing to give expression to the loss it has sustained by the death of Doctor Benjamin A. Waddington;

Would Resolve, That in preparing an appropriate tribute to his memory we cannot overestimate the value of the services rendered by him to this society, and the great interest that he took in its development and extension, both as a founder and member.

Neither can we estimate the value of the service that was performed by him in the community in which he, for many years, practiced his profession.

This splendid service in the cause of suffering humanity was best exhibited in his untiring devotion to their needs, and reached its highest attainment in a conscientious duty—well performed.

His genial manner made him a more than welcome visitor to the sick and depressed, to many of whom the dispensing of cheer and encouragement, rather than drugs, made the path easier for their convalescence and return to health.

He was a most agreeable and pleasant companion, and his social contact with others was ever that of the true gentleman in whom was developed to a high degree the instinct of a generous and kindly nature. In forwarding the interests of his church, of which he was a member for many years, he was always active in its welfare, aiding by personal attendance and by liberal contributions, in extending its spiritual advancement, so that others might enjoy the advantages of his religious experience.

It Is Further Resolved, That a copy of these resolutions be entered upon the minute book of this society, a copy forwarded to the family, also published in the Salem papers and in the Journal of the New Jersey State Medical Society.

E. E. DeGrofft, M. D.

C. M. Sherron, M. D.

J. M. Summerill, M. D.,

Committee.

Personal Notes.

Dr. W. Homer Axford, Bayonne, and wife have recently returned home from Chester, where they spent several weeks.

Dr. Samuel D. Bennett, Millville, while cranking his auto recently fractured his wrist.

Dr. John Cook, Bayonne, and wife last month enjoyed a motor trip through Canada.

Dr. G. Wyckoff Cummins, Belvidere, has been appointed to direct food conservation work in his county.

Dr. George S. De Groot, Mendham, has been appointed township school physician.

Dr. Henry P. Dengler, Springfield, and wife enjoyed last month a two weeks' trip to Maine.

Dr. George E. Gallaway, Rahway, and wife, spent a week in Canada last month.

Dr. James B. Griswold, Morristown, who is stationed at the Wrightstown camp in the M. R. C., spent a few days at his home last month.

Dr. Walter B. Johnson, Paterson, addressed the Clifton Chapter, Red Cross, recently on the "Home Condition of the Red Cross."

Dr. William S. Jones, Camden, was appointed by Governor Edge a delegate to the Baltimore Tuberculosis conference.

Dr. Joseph H. Marcus, Atlantic City, had an interesting paper in the N. Y. Med. Jour. Sept. 29, on "Doctor and Patient."

Dr. Fred W. Owen, Morristown, was recently elected president of the City Prohibition Alliance.

Dr. Merrill A. Swiney, Bayonne, and wife have been receiving congratulations on the arrival of a young son at their home.

Dr. Irving E. Charlesworth has been transferred from Fort Oglethorpe, Ga., to Fort Sill, Okla., to a gassing school—where one learns about the deadly gas used and then goes to other cantonnments to teach.

Dr. Millard F. Sewall has been moved to Atlanta where he is in the 307th Engineer Corps.

Dr. W. Leslie Cornwell, who went from Fort Oglethorpe to Syracuse, was moved again and is now at Newport News, Va. Mrs. Cornwell spent two weeks there last month.

Dr. G. K. Dickinson, Jersey City, addressed the local lodge of Elks, October 2. It was a special meeting on opening day of headquarters of the State food administrator. He said one of the best ways for doctors to serve their country was by teaching people how to regulate their eating.

Dr. Anderson A. Lawton, Somerville, took a ten day automobile trip through the Adirondacks last month.

Dr. Andrew F. McBride, Paterson, captain of Company 2, Fort Benjamin Harrison, has received the gift of a knitted quilt made by several of his children friends in Paterson.

Dr. Edwin Reissman, Newark, and wife have returned from Asbury Park and will make their home for the winter at the Robert Treat Hotel, Newark.

Dr. Edward Staehlin, Newark, in his annual address as outgoing president of the Essex County Society, strongly urged the establishing of a pathological research institute there and said it was his purpose to bequeath his possession largely for such a "central workshop."

Dr. W. Blair Stewart, Atlantic City, was ap-

pointed by Governor Edge a delegate to the National Housing Convention which met in Chicago October 15-17.

Drs. J. Alexander Browne and F. J. Van Noordt, Paterson, recently passed the examination for the Medical Reserve Corps.

Dr. Theodore T. Eender, Paterson, has joined the Medical Reserve Corps and is a second lieutenant.

Dr. William F. Costello, Dover, had his auto wrecked by fire recently.

Dr. H. Crittenden Harris, Glen Ridge, and wife entertained at dinner Dr. Henry A. Cotton, superintendent of the Trenton State Hospital, who is now a major in the army and is at Camp Dix, Wrightstown. Several other physicians were present.

Dr. Orville R. Hagen, Paterson, of the Medical Reserve Corps has been ordered to report to Camp Upton, Yaphank, L. I., for duty.

Dr. M. W. Newcomb, Brown's Mills, has been assigned to duty as a member of the tuberculosis examining board, Camp Dix.

Public Health Items.

"Hygiene is the art of preserving health; that is, of obtaining the most perfect action of body and mind during as long a period as is consistent with the laws of life." So wrote a man who devoted all his adult life to the promotion of the public health and who died at the age of 56 of pulmonary tuberculosis. Edmund Alexander Parkes, born March 29, 1819, physician, surgeon, sanitarian and author left perhaps a greater impress on sanitary science than any Englishman of the Nineteenth Century.

Newark Health Board Report.

The Board reports total deaths for September 409; the death rate was 12.6 (15.8 the previous month). The total number of reportable disease cases was 797—it was 1,063 the previous month. The largest numbers were: 376 whooping cough; 120 tuberculosis; 90 pneumonia; 59 diphtheria; 32 mumps; 29 measles; 5 infantile paralysis.

Infant mortality has been gradually decreasing from year to year; it is attributed largely to the supervision of expectant mothers and newly born babies. The mortality rate for first nine months of 1917 was 88.1; for 1916 it was 97.1. The infant death rate of supervised babies for 1917 was 28.4; in 1916 it was 41.0 per 1,000.

Health Conditions at Summit.—The health officer recently reported that the first nine months of this year showed a decided improvement compared with the corresponding period in 1916. The number of resident deaths for the nine months of this year was sixty-six, while for the same period last year the number was seventy-nine. Infant deaths also dropped from seventeen to ten. The death rate of Summit residents in Summit for the first nine months of this year was nine per 1,000, based on a population of 9,800, while for the first three-quarters of last year the rate was 11.1. The same conditions also apply to the infant mortality tables, the rate for the first nine months of 1917 being 62.1 per 1,000; for the same period in 1916 it was 107.

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THE TREATMENT OF INFECTION FOLLOWING LABOR, MATURE AND PREMATURE.*

By P. BROOKE BLAND, M. D.,

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College; Gynecologist to St. Joseph's
Hospital, Philadelphia, Pa.

Questions of economics and conservation occupy the attention of the public to-day more than at any period since the beginning of man. The inherent qualities and assets of economics and conservation are more fully appreciated than ever before. They seem to have assumed an unusual significance and one hears these questions referred to constantly. The principles of conservation bear a distinct relation to medicine and the laws of life in general. Conservation of human health and life is the most consuming question of our time. Economics bear a similar relation and it is unusual to hear a medical topic discussed without special reference being made to its economic phase.

The tremendous destruction of human life by tuberculosis, alcohol, venereal disease, cancer and contagious disease in general, has brought our civic organizations and the medical profession particularly to a full realization of the tremendous tax exacted by these conditions and stimulated medical science to a study not only of their cause, prevention and cure, but also their economic control.

The consideration of this phase of medicine in general has given birth to the intensive study and practice of preventive medicine, and it has been estimated by Dr. Irving Fisher of Yale that the annual loss to this country from preventable disease amounts to \$1,500,000,000. These questions apply especially to the forces that are

concerned with the reproduction and propagation of life, and these factors constitute the greatest concern of the nations of the world to-day.

This is particularly true of the battle-torn countries of Europe, where the destruction of humanity stands unparalleled in history. Any power, therefore, fundamentally directed to the conservation of life is a vital one and hence are we not justified in assuming that the question of infection following labor forms one of the big economic and conservative themes of our time?

On the propagation, extension and preservation of human life and its economic control depend the existence of the human family and the future of all mankind. The medical profession has been awake to this vital problem and the desire to conserve and extend the life of man has been responsible for the marvelous advance made in medicine and surgery in the passing years. To-day economic and conservative surgery is practiced with feverish anxiety and in all time the efforts of the laboratory worker, the internist and surgeon have been directed to reduce morbidity and decrease mortality.

The European war emphasizes this point with poignant intensity for to-day in the hemoglobinized battlefields of quaking Europe, surgery is practiced with an eye single to conservation and restoration. Never in human experience, in its relation to medicine and surgery have these words been fraught with such unusual significance. To the nation that embraces these factors to the fullest degree, in conserving her forces both material and human, victory is sure. To the nation indifferent to the value of these forces, it may spell defeat.

The work of the American Ambulance Hospital in Paris is characterized by conservation to a degree unique in the annals of surgery. The work of the wonderful

*Read at the annual meeting of the Cumberland County Medical Society at Bridgeton, October 27, 1917.

Dr. Alexis Carrell in his hospital in Compaigne is almost too marvelous to conceive. He is said to be healing soldiers to order. He has devised a method by the help of his physist assistant, Du Nuoy, by which he is able to calculate accurately and to the exact day, the time required for a wound to heal. By this method he is able to estimate the time a wounded soldier will be domiciled in the hospital or figure the exact time his bed may be utilized by a wounded comrade. Du Nuoy was sent for by Dr. Carrell and was assigned to the task of estimating the time of healing and as a result of his investigations and patient labor a new law has been added to the science of medicine. To this achievement Carrell has applied the term, "The Law of Cicatrization."

The questions forming the topic of this paper are equally important, in an economic and conservative sense, as are the applications of these factors in a medical way to the battlefield. The morbidity and mortality of infection following premature and mature labor are still higher than they should be and despite the advancement of scientific obstetric surgery, our results have not been ideal. In the fight against puerperal infection our conduct of maternity cases has naturally progressively and materially improved, and our results therefore to a corresponding degree, since Phillip Semmilweis in 1848 taught us that the causitive agent was introduced from without and working with this conviction reduced his own obstetric mortality from over 11% to a little more than 1%.

Our results, however, have not as yet reached the pinnacle of perfect surgery. Our morbidity and our mortality are still entirely too high. There is not a clinical symptom associated with such startling significance as the elevation of temperature following delivery and to the accoucheur—none that cause more worry, more fright, more concern—than this. There are but few men in practice who have not had this experience, and all can testify as to their helpless distress and misery until the issue was definitely decided. I say there are but a few men in practice who have not had this harrowing experience on one or more occasions, and when one recalls the fact that there are in the United States 141,241 physicians, it is obvious that this complication of labor is not entirely uncommon.

The question of the treatment of infection following labor has formed a very fertile field for controversy and discussion

ever since Oliver Wendell Holmes, on February 13, 1843, presented his immortal paper before the Boston Society of Medicinal Improvement on "The Contagiousness of Puerperal Fever."

In this contribution he claimed that the poison was conveyed from without. It is interesting historically to record that this paper stirred up a hornets' nest in medical circles generally, and in Philadelphia medical circles particularly. He was roundly criticized, especially by Hodge and Meigs of Philadelphia, men who were regarded as the leaders of their day in the center of American Medical Education. Holmes was not disturbed by the criticism, but, as Garrison says, "he returned to the charge in his celebrated monograph on "Puerperal Fever as a Private Pestilence."

In this paper he called attention to the fact that a young man in Vienna had reduced his mortality to a tremendous degree by simply cleaning his hands with a nail brush and washing them in a solution of chloride of lime. This man was the heroic Semmilweis and to him belongs the credit of first recognizing puerperal fever as a true blood poisoning or septicemia. His original paper on this topic was published in 1847. His teaching was not generally accepted and his paper, like the paper of Holmes, started a bitter controversy. He was harshly condemned for his teaching, and being sensitive and impressionable by nature, unable to withstand the strain and worry and criticism, as a result of continual brooding became insane and died at the age of 47 years.

We all love to refer to the work of our medical fore-fathers and to give them honor and all praise. For it is to the sacrifices and labors of our martyrs and heroes we owe our scientific advancement, but have we profited fully by their teachings? Have we heeded their instruction and improved thereby to the extent we should? Normal labor is still not without danger and the nightmare of the invading streptococcus is still an existing menace.

According to the United States Census for the year 1914, there died in this country 10,518 women from child-birth and these figures only represent the deaths in two-thirds of the estimated population of the United States. On this basis, therefore, one is justified in believing that at least 15,000 women die from child-birth in this country every year. Add to this the number who die indirectly from complicating conditions of labor and Dr. De Lee feels

that no exception can be made to his statement that "the puerperal mortality will reach annually 20,000." Dr. De Lee says that "one of the striking facts of the modern hospital treatment of parturient women is the high percentage of patients who have moderate temperatures during their lying-in period." The report of the United States Census for 1914 showed that 4,664 women died of puerperal infection and Dr. De Lee states again that it is impossible to guess how many women actually suffer from infection and who still carry relics of the disease.

He figures that if one estimates the mortality of all cases of puerperal infection as 5%, it would mean that in 1914 there were 100,000 infected puerpera in the United States. Is there a doctor in the practice of medicine to-day who has not heard the term "I have not been well since my baby was born?" This, Dr. De Lee says, should make us prick up our ears and heed the warning. Also it is obviously impossible to estimate the number of spontaneous and criminal abortions that occur in the country annually, but the number runs into the thousands.

Most observers claim that one abortion occurs for every four or five labors at term. The percentage is even greater than this. We have no definite means of estimating, however, because a very larger percentage of abortions are concealed. The percentage of infection following abortion is extremely high, and no doubt, the large majority of abortions are infected, either because of interference or lack of proper care during convalescence. Nearly all the cases of abortion admitted to our care show varying degrees of temperature.

Treatment of Infection.—The treatment of infection following labor forms a problem that involves several principles. First, let us consider infection following labor at full term. Since we have learned more concerning nature's power of resistance, of her ability to generate protective bodies, and in a measure, perform auto-vaccination and immunization, thus primarily localizing and destroying invading hostile organisms or secondarily, since we have learned that she like a retreating army, may fall back until she gathers her forces and fights a running fight, at last conquering in the blood stream—our conception of what constitutes antagonistic and successful interference has changed. With a virulent horde of bacteria rapidly invading the uterine wall, its lymph and blood channels and overcoming

nature's first line of defence, thereby giving rise to a constitutional infection and with the uterus empty, it would be rash, futile, harmful, dangerous, and in a certain number of cases fatal to resort to the orthodox method of instituting both local and general measures.

In the presence of general infection, there is no indication for local interference and its employment will only court disaster. Do nothing locally. Avoid manipulation. Shun packing. Shrink from irrigation and scorn curettage. There is no indication for any manipulation or even examination unless, of course, one feels suspicious of the existence of a distinct local accumulation. Douches, either vaginal or uterine, are harmful. There is no sign or symptom demanding their employment. They mechanically open up raw surfaces and remove nature's barriers of protection, thus destroying more or less natural walls of resistance and the local germicidal properties that nature provides.

I can see no indication for packing the uterus in these cases. There is nothing, as a rule, to drain. The uterus is usually dry and not associated with discharge. Ordinarily in this type of infection the organ is relaxed and the cervix open. Gauze packing, therefore, would not do any good, and does gauze act to any greater advantage as a drain in the uterus than it does in any other surgical field? Are we not taught that gauze ordinarily as a drain is valueless and that usually it obstructs more than it drains?

There is no valid reason if these other methods are contra-indicated why curettage should ever be employed, yet it is extremely common, yea! only too common, to see patients with this type of infection admitted to our hospital service who have been curetted one or more times and, generally, their condition is aggravated after each curettment. I recall one patient recently admitted to the Jefferson Hospital who was curetted four times and after each curettment she became decidedly more septic, her temperature rising higher on each occasion. When she was admitted to the wards her pelvis was full of exudate and her uterine wall was a sloughing mass.

Curettment in concrete cases of puerperal bacteremia is a measure that is pernicious, mischievous, dangerous, and at times, fatal. It results in destroying the natural breast works of protection and thereby throws into the blood stream additional hordes of bacteria which may be sufficient to overthrow

all the reinforcements which nature may be able to rush to her defence and thus cause a fatal issue.

Our custom in treating cases of this character is first "hands off!" We do nothing locally excepting to keep the patient clean externally. We obtain for her rest—absolute rest. Whenever possible, we provide them with a quiet room. If impossible, we place them in an isolated section of the ward and screen them off. We endeavor to expose them to all the fresh air and sunlight possible. The head of the bed is elevated in order to limit any local infective process to the pelvis, and favor drainage providing, of course, there is anything to drain. All forms of nervous excitement and emotion are absolutely prohibited. Water is given freely and in abundance. Regardless of the temperature these patients are fed. *High fever is not an indication for food restriction or liquid nourishment.* They should be fed frequently with concentrated nourishing material and no special limitation should be placed upon the diet. The more nourishment they take, the better able they will be to successfully battle with the poison.

Active purgation is never resorted to. We prefer to rely on low enemas or mild laxatives. Purgation is avoided with a view to inhibit active peristalsis, which usually results in breaking down barriers and in extending local infective processes in the pelvis and beyond. As water is given freely and abundantly by the mouth, so we also resort to the instillation of this material by the bowel and continuous saline solution both day and night is introduced through this channel.

By the institution of the methods described above our morbidity and mortality have been materially decreased. It is comparatively unusual to see a patient die even in the most violent types of infection. I have seen a number of cases in the last two years both in hospital practice and in consultation, and where this method was carefully adhered to the morbidity and mortality have been strikingly diminished.

There are other resources which one may utilize in the treatment of these cases. Blood transfusion has been recommended by some men and they claim to have obtained good results. We have had no experience with this method of treatment, and, therefore, would not be justified in expressing any opinion as to its value. We have used streptococcus serum and we have employed vaccines, but we feel, as the majority do, that the value of these agents is still questionable.

Treatment with Material Retained.—In cases of infection associated with material confined within the cavity of the womb, providing the cervix is open, the treatment should consist in gently removing this substance either with the finger or with the placental forceps, but under no circumstance should the removal of the retained contents be followed by any form of irrigation or by curettage. If the cervix is contracted and closed and the material cannot be reached and easily withdrawn, one would mete out justice and help to the patient by leaving it absolutely alone, and nature, who is anatomically and physiologically prepared for this function, will more effectively and with a greater degree of safety expel the contents, than the surgeon who institutes instrumental interference.

In those cases in which there is much color or discharge or both, do not be led to believe that this symptom and sign demand treatment. The fact that the patient has profuse discharge indicates that she is expelling the material. An offensive odor is respected. Odor is usually not significant of danger, but it may become so, however, if meddlesome surgery is practiced. Odor may indicate the existence of a concealed spark and if this is fanned by manipulation or instrumentation, it may cause a conflagration.

Infection Following Abortion.—The treatment following abortion whether spontaneous, induced or criminal, should be along the same conservative lines as outlined for the treatment of infection following labor at term. Prior to two years ago, our routine method of treating these cases with material retained was to institute immediate surgical measures. Up until that period infected abortions were regarded as surgical emergencies and emergency surgery was routinely applied to all. The uterus in these cases was dilated and retained material either removed with placental forceps, a gauzed wrapped finger, or a curet.

We now treat these conditions more respectfully and more expectantly and rarely do we interfere, and this plan is becoming more and more universally adopted. If the material presents through an open os and if it can be readily grasped, it should be removed. If the cervix, however, is closed, wait and trust to the powers of nature. In no case is it good surgery to douche and curette.

This question of infection was fully considered by a special committee of the American Medical Association at its meeting in Atlantic City in 1913, and the views ex-

pressed by that committee are somewhat along the lines herewith described. Since that period the general trend in treatment has been still more along the paths of conservation. At the meeting in 1913, Dr. Pollak of Brooklyn, referred to one hundred consecutive cases of infection following abortion—sixty-five of which had been curetted one or more times previous to coming under his care, and all of these showed a varying degree of pelvic exudate. He then referred to two hundred cases in which no interference was instituted and all of these showed a diminished morbidity and a decreased mortality.

At this meeting, Dr. Clarke of New Orleans stated that "when the infection is beyond the endometrium nothing could be more unreasonable than to superficially curette the uterus. If the patient is left alone," he said, "she will autogenously vaccinate herself and the infection in the majority of instances will resolve." It would be impossible for me in this paper to discuss the treatment in detail of localized collections in the pouch of Douglass or in the Fallopian tubes. Suffice to say, however, that we should go slowly in instituting surgical measures, trying in these cases for a time methods of conservation. Then, if nature fails, surgical treatment may be resorted to.

Early or hasty surgery in limited puerperal pelvic exudate or puerperal tubal infection is in view of our present knowledge of immunology not indicated and its general practice means sacrificial and frequently unnecessary operations. The axiom usually applied to the operative treatment of pelvic inflammation, "Wait till the temperature reaches normal, then operate," is a wise teaching, but it does not fully cover the premises. At this period, nature's therapeutic agencies are just becoming operative. Give them a chance. Wait until the temperature strikes normal and then still wait, for in so doing, one may sidestep a dangerous and mutilating operation, and preserve anatomical structures with retentive physiological functions.

In concluding, let me re-iterate that our whole aim in the treatment of these cases should be directed to economization and conservation of life and tissue and function, and that these factors are better accomplished by relying on the power inherent in nature than by instituting mischievous and dangerous surgery.

With this belief, let us hope for a new day in obstetrical surgery. Let us work

with a conscience that to conserve life and health is the most vital and precious function given to man. If the nations of Europe could have realized this before the fatal July 3rd, in 1914, what untold suffering, misery, unhappiness, and death could have been avoided. Let us trust that the dawn of a new era for the blessing of mankind in general is about to break, and this recalls to my mind a poem from the Sanscrit which portrays the threshold of opportunity on which we constantly stand but which we unconsciously and hesitatingly fail to grasp. It is called the "Salutation of the Dawn." "Listen to the exhortation of the Dawn: Look to this day for it is life.

The very life of life.

In its brief course are all the verities and realities of existence.

The bliss of growth,

The glory of action,

The splendor of beauty.

Yesterday is but a dream, to-morrow is only a vision.

To-day well lived makes every yesterday a dream of happiness,

And to-morrow a vision of hope.

Look well therefore to this day."

Such is the "Salutation of the Dawn." Let us hope that the bursting forth of this dawn may bring better things to all mankind.

1621 Spruce Street.

WAR AND TUBERCULOSIS.*

By E. S. McSWEENEY, M. D.,

Medical Expert on Tuberculosis, N. Y. State
Department of Health.
New York.

Cornet recorded in 1906 thirteen thousand articles and volumes as a partial compilation of the tuberculosis literature of the previous seven years. This gives us some measure of the wealth of study and research that has been devoted to this disease; a matter which to you gentlemen here is intimately familiar. Despite all this, our knowledge of much of the process of infection by the bacillus is still meagre, but there exists a general consensus of opinion as to the importance and relation of nutrition and tuberculosis. The older and common name consumption is significant. Everyone knows the fundamental importance of feeding in those affected, the difficulty of accomplishing much when gastric or intestinal intol-

*Read at the Stated Meeting of the Academy of Medicine of Northern New Jersey, Newark, October 17, 1917.

erance exists, and the tendency to relapse after cure if a patient neglects his diet. The association of tuberculosis with irregular habits of eating or insufficient food is a commonplace. The explanation of this is logical and simple.

Up to the present time tuberculous infection has been well nigh universal, but the balance between the bacillus and protecting body mechanism is so even that ordinarily a reasonably satisfactory condition of general health keeps the infection dormant or within bounds, and severe and long continued mental or physical strain, some acute condition, dissipation or especially poor nutrition is necessary to throw the scales in the opposite direction.

What is true of the individual in this regard is equally true of communities. Tuberculosis is notoriously a disease of the poor, culling its victims in large numbers from those who lack either the means to buy sufficient food or the intelligence to use it to advantage. A high general average of prosperity, or what is the same thing, a high general average of nutrition, has a direct bearing on the incidence of the disease just as has generally poverty, crop failure or famine. This is the community or national expression of the same chain of cause and effect that can be demonstrated experimentally and is so constantly seen clinically in the individual who, under the conditions I have named, begins to give evidence of a latent and perhaps previously unsuspected tuberculosis.

The influence of general hygiene and a high standard of living on tuberculosis rates has brought about an accentuation of the social and economic, rather than the medical aspects of the disease, which some of us who do not fail to recognize their importance think is perhaps a bit beyond the mark. No one, however, would gainsay that tuberculosis is a social problem, and this supplies much of the motive and sustains the efforts of those who seek to bring about better housing, a living wage, temperance, the multiplication of small parks, the abolition of child labor, the control of female working conditions, and all those other measures, success in which is just as inevitably reflected in the tuberculosis mortality as is increased segregation of open cases. The great and steady decline of tuberculosis in some cities previous to the institution of direct measures of control has seemed a riddle to many; but the improved and high level of the living conditions of the masses in those communities is ample explanation.

Much of what I have said has been generally accepted, but opportunity has not offered up to the present for proof. Throughout the world with improved methods of agriculture, of food handling and preservation, with the increased facilities of transit, the great strides made in public health work, the bringing of all nations into closer communion, etc., etc., there had been practically everywhere enough if not abundance of food for all, and a general tendency for the people as a whole to live on an ever higher scale. But a great world war has come upon us; most of the nations are directly involved and those which are not, suffer nearly as much. The daily life of the people of Holland and Scandinavia is deeply touched. Commerce is at a standstill to a large extent; the fighting forces must be fed first from a greatly diminished supply and what evidence we have even thus early shows as conclusively and clearly as any laboratory experiment that our conclusions are correct and indicates what course should be followed.

Saltet of Holland¹ published on June 23rd a careful statistical study of tuberculosis in the Netherlands for fifteen years. There was a steady decline until 1915, and since then a rise with a definite tendency to grow larger month by month. From the Belgian Relief Commission² we have the curious story of the decline of nearly all the infectious diseases except tuberculosis whose victims are overcrowding the increased provision made for them. Newspaper reports based on official information tell of a fifty per cent. larger tuberculosis morbidity in Germany than before the war. France, where unfortunately long neglect of the tuberculosis problem gave in years gone by an excessive death rate, is now sorely afflicted; and on the contrary England, with years of preventive work and little or no interference with the food supply since the war began, feels the effect slightly or not at all as far as tuberculosis is concerned.

This then is our first great problem. Protection of the civilian population from a great increase of this disease. Tuberculosis, of course, will not be kept under control in any community if no measures are taken against it, but I am taking for granted the existence of those activities to combat it which are well developed in England and Germany, and perhaps nowhere better than in our own country, notably in the group of States to which New Jersey belongs. The specific problem of war times is preserving the general nutrition on a high

plane. Full time employment, good wages, lack of any acute poverty, all help, but the big indication is the intelligent conservation of the food supply, at the same time preaching to the people the necessity of eating enough. The danger of the doctrine of food saving is that it may lead to people not eating as much as they need, either through pure economy for principle, or, because of eating unaccustomed food which does not appeal to them they will not eat as much as usual. There is food enough for all as yet, and people who are doing a day's work and ordinarily only satisfying their appetites should be encouraged and instructed to continue doing so. A great deal of harm may result from these "don't eat any breakfast," "one slice of bread is enough," and other fool suggestions especially in winter, excepting in the case of gluttons. No waste should be the slogan and the use of what is available to the best advantage. Intelligent, really economical substitution is to be encouraged, as for instance, the greater use of milk instead of meat. It has been said, and I believe truthfully, that any family of five is extravagant which purchases any meat before buying at least three quarts of milk.

There are other real and practical means of substituting, such as beans and peas for animal proteins, but let me appeal to you to stand steadfast against those silly persons who put out such statements as "three lamb chops in every egg," and other equally nonsensical catch phrases. Their activity, if uncontrolled, is going to make a joke and laughing stock of food reform propaganda and make greatly more difficult the task of those who preach true food economy. In connection with this it will, I am sure, interest you as it did me to find how easy it is to educate people in food values. The first suggestion I think came from someone connected with the Commission for Relief in Belgium, who said that despite war conditions they had found no great trouble in teaching the Belgian people to think in terms of food values expressed in calories, and so the task of the Commission has been made so much easier, handicapped as they were in obtaining certain things at times and supplying what the population as a whole knew and were accustomed to. It seems that in no time at all the Belgians were taught the relative value and necessary quantities of substitutes. The idea opens up wide possibilities and opportunity for a reform as great as that accomplished a few years ago when manufacturers were

obligated to print net weights of contents on all packages. Why should not the calorific contents be also shown, either absolutely or in terms of some common standard? Not a very practical idea, you will probably say, but the New York State Department of Health resolved to make a little test of it and so sent to some eighteen county fairs this fall a food exhibit based on this idea. There were tables set with comparable meals of equal attractiveness and equal calorific value but widely different in price; there were standard package foods with big labels showing the calorific contents, and leaflets were distributed dealing with the subject in simple but scientific language—not nursery nonsense. The demonstrators reported without exception, and I was able to verify this myself on two occasions, that the rural public took a lively interest in the exhibits and discussed them and the points involved in a most intelligent way. Making all due allowances for the fact that these people are farmers, to whom the balanced ration, carbohydrate, protein, etc., are commonplaces of successful dairying, I believe that there would be no insuperable difficulty in getting the same facts before city dwellers and bringing about a great and lasting change in food purchasing and economy.

This whole food problem is not only of prime importance as regards tuberculosis, but closely knits up the army and the people. Men and guns will not be supplied promptly in good measure by a nation which is hungry, whose poor physical condition and consequently weakened morale makes them ready to consider peace at any price. Vigorous bodies are essential to a vigorous mental attitude, so necessary for success. Only good courage at home will keep up a fighting spirit at the front.

The direct military bearing of tuberculosis is our second problem. A sufficient supply of healthy men available at all times will be taken care of by the measures I have indicated. Beyond this, sound military practice demands the rigid exclusion of the unfit who may become a burden, and protecting the healthy from infection. The biggest task of all is eliminating the unfit before they can clog the military machine. It takes, I believe, two and a half persons to look out for one incapacitated man; it throws a great and unnecessary burden on both the overseas and land transport to supply them and it is a constant handicap to the fighting efficiency of the active forces for the army administration to be embar-

rassed by the care and handling of sick persons, which might have been avoided. The direct cost involved is great, and greater still the compensation charges in the years following the war.

No single factor looms larger here than tuberculosis. The solution of the problem rests entirely on the ability of the medical examiners to detect and the courage to exclude all cases. Over and above the care enjoined on all medical examiners, provision has been made for special boards of lung specialists to go over all recruits. With this you are probably familiar. The State Department of Health of New York, in conjunction with the Council of National Defense, carried out an experimental routine x-ray chest examination on somewhat over 1,000 men in a New York City regiment, who were subsequently examined by such a special board of lung specialists. Special apparatus and routine were worked out successfully, so that it was definitely established that so far as the mechanics or expense of the procedure were concerned it was entirely practical. Pictures could be taken at the rate of two a minute and developed and read at the rate of over 500 a day by a force of two radiographers and eight assistants at a cost of \$1.00 per man.

The results of this experiment showed 36 cases of gross pulmonary change. Only one of these cases was excluded in the routine physical examination by the board of experts. A subsequent re-examination of the 35 others resulted in four more being excluded, but no justification could be found for discharging the others either in their histories or physical findings. There is, of course, a chance that these pulmonary changes were in many cases non-tuberculous; there is a still greater chance that they were arrested tuberculous lesions—only the men's subsequent histories will show. None of us who studied these cases carefully in the face of all the facts came to the conclusion that the x-ray could take the place of the skilled physician, but there seemed sufficient evidence to conclude that, considering the difficulties surrounding the complete physical examination of large numbers of men in a short time under army conditions by competent diagnosticians, it would be well to take a chest plate of every soldier and concentrate on the study of those whose chests showed abnormalities, and ignore the others. The matter is under advisement by the War Department.

There have been instances of the acceptance of absolutely bad risks by examiners,

such as a case I know of who was a patient in a hospital at the time of the examination, with an active pulmonary tuberculosis, fever and positive sputum, but such instances are exceedingly rare. I believe that on the whole no better demonstration of the general fitness of the medical profession for their work, their conscientious and painstaking efforts or high average degree of skill could have been given than in the results of the physical examinations by the draft boards.

The real difficulty has been one of judgment, not of facts. Considerable prominence has been given an article which appeared last June³ which seemed to belittle the importance of quiescent tuberculosis in the soldier. I, and I am sure the majority of those who have given their attention for years to tuberculosis, cannot agree with its conclusions. That every quiescent case of tuberculosis will not break down under military life; that well arrested cases might be of some use in the lighter employments of military service may well be true, and perhaps necessary, to put into effect in France and Germany, but it is a distinct concession, not a matter of choice, and we have not reached and are not apt to reach for a long time to come in this country such a stage of lack of man power that any such concession should be made. The only safe course at the present time, I am convinced, is to rigidly exclude every case of known tuberculosis, active or otherwise. The advantages of such a course far outweigh any claims that can be made for the contrary procedure.

The sad results of not doing this are seen to-day in France, as Dr. Biggs has told us in his graphic report⁴ on conditions there. The French had a great emergency to meet and little choice or time to give to such matters, but such is not our case. The English experience, the result of careful selection, should be our guide. Osler in his latest communication advocates excluding even the long thin-chested individuals with small hearts, irrespective of what they show on examination.

There is no need for alarm on the score of the number of cases brought to light by the draft. Registration of tuberculosis has been incomplete in most places. The figures vary from a fraction of one to more than five cases per death. Careful studies which have been made indicate that five living demonstrable cases to every death is the least which can be readily found in the average community.

A large number of the cases which appear in the draft records are already known; the apparent increase will be noticeable in direct proportion to the previous completeness of the registration. Where the proportion is two or three cases per death we may expect to see it doubled; where it is five or more probably few new cases will be uncovered. Remember that the draft takes in the bulk of the actively tuberculous population. It is your young males under 35 who are most responsible for tuberculosis making up 10% of the total deaths. At draft age tuberculosis accounts for one death in three, so if a good many cases are not discovered they should be. The questions involved are to find and exclude them. Aside from their own good and relieving the army of their care, we must not expose the healthy to them in close quarters, for while it is probably true that most adults are relatively immune to tuberculosis, yet there is nothing to show that they are indifferent to mass infection.

The old epidemics of military life are gone and tuberculosis has come to the front as an army disease. We must not conclude from this that it was not of importance in previous wars. During the past fifty years in most wars the casualties have been large and epidemics common; these have overshadowed the less urgent tuberculosis cases and the short duration of the wars has saved many from developing the disease, but in our civil conflict the records⁵ show many thousands discharged on this account and this was twenty years before tuberculosis was a definitely defined condition.

In an old book published in London in 1764⁶, Sir Donald Monroe, Surgeon General of the British forces on the continent, says in the eighth chapter on coughs and consumption: "Coughs were very frequent during the winter and when the weather was wet and cold. They were often accompanied with pains in the breast and, when neglected, obstructions, tubercles and supurations were apt to form in the lungs and the disease to end in a consumption, or phthisis pulmonalis." Sir Donald devotes three chapters out of twenty-two to diseases of the lungs, which indicates a good deal of relative importance in the mind of this keen observer 150 years ago.

The apparent increase in the number of cases which is to be anticipated from the draft examination, and the actual increase from the army should the war be prolonged, calls for increased provision for their care. In doing this we are not singling out the

tuberculous, as some seem to think, for special coddling or attention, but merely applying the rule which we use in all other conditions—so many typhoids, or so many surgical cases, or so many insane to be cared for, so much provision is made. If the number increases the provision must be enlarged. In fact, in tuberculosis less is asked than in other diseases. Many patients cannot or need not be taken from their homes; for these not hospital beds but nursing force sufficient to insure sanitary control and care is the necessity; for the others room must be made in sanatoria and hospitals. Let us not forget that up to the present the number of beds has been far below the need.

In New York State the Legislature anticipated this crisis and has obligated every county with more than 35,000 population to build a hospital with beds equal at least to the five years' average annual death rate and this will result in the erection of twenty new hospitals. There is evidence of a similar sentiment elsewhere. The Government itself is about to erect a 1,000-bed sanatorium.

In stress of war a disease so little spectacular as tuberculosis, one in which efforts at control are slow to show results, not striking but small percentage decline in death rates year by year, is apt to be crowded to the wall by the big problems which appeal to the imagination. This is a real danger and should be kept in mind. It is no time for the public to grow careless in regard to this disease, and if they do it will increase among the civil population, will be a large problem in the army, and we will not only lose what we have gained inch by inch for the past twenty years but will have a larger and more hopeless proposition to face for many years to come. The good work that has been done must be maintained. The sober realization of a large task, but one well understood, is ahead of us, and its handling in an intelligent, economical fashion on well-established lines of proved value, will undoubtedly result in its control, so that the war will not spell disaster in terms of tuberculosis to anyone.

In conclusion let me summarize my views. I believe, first, that the great war tuberculosis problem is the feeding of the civilian population, which outnumbers the military 20 to 50 to one. A very large percentage of the individuals in the country are affected with tuberculosis and so are potential clinical cases, and if the stress of war food conditions touches them we will have a

large increase in the number to be cared for. This must be anticipated and avoided by vigorous propaganda to conserve and use to advantage the food supply and to discourage under-feeding.

Secondly, the direct military and much less important problem is the exclusion from the army service of all tuberculous individuals, no matter what their condition.

Thirdly, increase in hospital and sanatorium accommodations and nursing force to provide for the cases uncovered by the draft and occurring in the army, and

Finally, intensification of the anti-tuberculosis propaganda for the period of the war.

104 E. 31st St., New York City.

1. Mortality from Tb. in the Netherlands. R. H. Saltet—*Nederlandsch Tijdschrift voor Geneeskunde*, June 23, 1917, I. No. 25, p. 2035.

2. General Health Conditions in Belgium, W. P. Lucas, M. D., *Journal A. M. A.*, Jan. 6, 1917, p. 27.

3. Tuberculosis & War. M. Fishberg, *Jour. A. M. A.*, June 16, 1917, p. 1791.

4. Tuberculosis in France. H. M. Figgs, M. D., *The Survey*.

5. Medical & Surgical History of the War of the Rebellion. Surgeon Genl's office. Part III., Vol. I., p. 818.

6. An account of the diseases which were most frequent in the British Military Hospitals in Germany from January, 1761, to the return of the troops to England in March, 1763. London A. Miller, 1764.

PROGRESS IN MEDICINE.

Address Delivered at the Meeting of the Morris County Medical Society, Held September 11, 1917, by the Retiring President.

By LOUIS K. HENSCHALL, M. D.,

1st Lieutenant M. R. C., Base Hospital, Camp Custer, Mich, formerly of State Hospital, Morris Plains.

Gentlemen: The object of this brief paper is to bring to your attention some of the strides made in medicine during the past few years, which I believe have been of signal interest in the advancement of medical science.

The discovery of the causative agent of syphilis has enabled the profession to properly classify and more intelligently treat many conditions which formerly were of vague pathogenesis. When Schaudin isolated and described the spirochaete pallidum, the subject of syphilis was removed from its nebulous state and placed upon the basis of an infectious disease, the same as typhoid, diphtheria, etc. The terms: "meta"

and "para" syphilis are now about ready for the discard, as the profession knows the two diseases concerning which much debate regarding etiology took place for years, are but manifestations of syphilis. These maladies are, of course, locomotor ataxia (tabes dorsalis), and dementia paralytica, also designated as general paralysis of the insane, and known by the laity as softening of the brain.

Until Dr. Joseph Moore, then pathologist at the Central Islip State Hospital, found the spirochaetes in the brain of a parietic, excessive sexual intercourse, over-indulgence in alcohol or tobacco—and what not—were considered important etiological factors in the causation of the disease. His discovery was followed by the isolation of the spirochaetes from the spinal cords of tabetics.

A few workers trephined the skulls of patients suffering from dementia paralytica, removed some of the brain substance from the frontal lobes and demonstrated the spirochaetes in the brain tissue.

The Wassermann test has proven invaluable to the profession in diagnosing and treating many ailments where the subjective symptoms are vague. It is, however, necessary to remember that the Wassermann test should not be used to the exclusion of all other objective findings in endeavoring to decide whether a certain condition is syphilitic or not. The test should be used as one of the means at the physician's command to aid in making a diagnosis and not as the final criterion.

For example: A patient went from one ear clinic to another in one of our larger cities, and when informed his symptoms resembled those of syphilis of the middle ear, always answered the otologist with glee: "I have had twelve Wassermann's taken and they were all negative." He would then ask to be referred to some good ear clinic. Finally he consulted an otologist who understood the value of objective symptoms in their proper relation to the laboratory findings and he told the patient: "I don't give a damn for your twelve negative Wassermann's, the peculiar blue discoloration of your ear drum means syphilis and nothing else." Need I add, gentlemen, that the patient at once admitted contracting the disease some years previous and willingly took a rigorous course of anti-syphilitic treatment with grateful results.

The physician has been materially aided in the diagnosis and treatment of disease by the roentgen rays. The use of powerful

induction coils and improved x-ray tubes now enable the operator to take a skiagraph in a fraction of a second.

The result of efforts at reduction in the treatment of a fracture are under observation, and the surgeon can at all times tell definitely what progress is being made toward union and whether surgical interference is necessary.

The gastro-enterologist now gives a bis-muth-buttermilk meal and is enabled to watch the process of digestion throughout its entire cycle. By stereopticon radio-graphs he is in position to make definite diagnoses and institute appropriate treatment.

The roentgenologist, by studying his negatives, now is in a position to tell the internist whether the abdominal pains from which his patient is suffering are due to a dilated stomach, and further whether dilatation is caused by a growth in the organ itself, or whether the symptoms of obstruction are brought about by a tumor pressing on the viscus.

Co-operation between the internist and the roentgenologist has so clarified the symptomatology of ulcer of the duodenum that in many instances the medical man is now enabled to make his diagnoses with a fair degree of certainty before his patient is subjected to the x-ray. Every practitioner now knows the importance of eliciting the presence or absence of the "hunger pain" in connection with ulcer of the duodenum.

Formerly the diagnosis of stone in the ureter was not made unless the stone appeared in the negative. At the present time, with the improved technique, a silver salt is injected into the ureter, and the surgeon looks not only for the stone, but particularly for the dilatation of the ureter above the stone, which by many radiographers is considered better evidence of an obstruction of the ureter than the presence of a stone, for a shadow may at times simulate a stone, but the dilated ureter is pathognomonic.

More and more importance is being placed upon the x-ray pictures made of the lungs in diagnosing incipient cases of tuberculosis. When the physical signs are doubtful, the subjective and clinical symptoms not definite, the skiagraph will often reveal the presence of a tubercular lesion. At the concentration camps army physicians are using this means to locate latent cases of pulmonary tuberculosis among the troops, as the experience of the Allies has

been that the disease is very prone to become active if the patient is exposed to the privations that fall to a soldier's lot.

The spread of typhoid fever, and its kin, para-typhoid, is of course to be controlled by a rigid inspection of the water and milk supply, the identification of carriers and their elimination in handling food. In addition the typhoid and para-typhoid vaccinations have resulted in a marked reduction in the number of cases of typhoid throughout the country.

Dr. J. Coleman, of New York City, by calling the attention of the profession to the necessity of feeding typhoid patients more liberal diet, especially carbo-hydrates, has materially changed the clinical picture of the disease and its duration. For years the adage: "starve a fever" was the treatment of typhoid. In the Spanish-American War I am informed it was the routine treatment to give typhoid patients nothing but water or milk until the temperature reached normal. The result was the patients were markedly emaciated and unfit to do any work for months.

The "individual-high-caloric feeding" of typhoid patients, as introduced in this country by Dr. Coleman, has educated the physician to be more liberal in the amount and quality of the food given to the typhoid patient. If properly carried out the patients often get up weighing as much as when they took to their beds, their convalescence is much shortened and they are soon able to again earn a livelihood.

The Carrel-Daking method of treating infected wounds, also the reintroduction of iodine to sterilize the skin are, of course, familiar to you. However, also deserving of mention is the simplified method of blood transfusion advocated by Dr. Richard Lewisohn of New York City. By the addition of a small amount of citrate to the blood, coagulation is prevented. A blood transfusion can be given by any doctor who has enough surgical technique to insert a canula into the vein.

Mental diseases and the care of the insane are branches of the medical curriculum which have not received the serious attention to which they are entitled. Dr. Thomas W. Salmon, Medical Director of the Committee on Mental Hygiene, has been quoted as stating "it costs as much to support the insane and defectives in the United States for one year as it did to build the Panama Canal. To reduce the number of insane and to encourage the vast number of mentally ill patients in institutions to

contribute something toward their maintenance have been the constant aim of psychiatrists.

My friend and mentor, Dr. Britton D. Evans, Medical Director of the State Hospital at Morris Plains, for years endeavored to get the Legislature of New Jersey to grant funds to inaugurate a scheme of re-education of the insane at Morris Plains. It was not until about 1913 that he was able to start the system of diversional occupation. A few male patients were placed in the printing department, and the improvement in their mental and physical health was so apparent, that in a very short time many of the other patients asked to be given tasks in the industrial department, as they thought it would also aid them. The persistent efforts of Dr. Evans in the establishment of numerous branches of diversional occupation has placed his institution in a position so that he is enabled to place many patients, whose physical condition warrants, at some congenial work which, while it helps the patient, also makes the burden of his maintenance less onerous to the State. The mentally afflicted have their minds diverted from their morbid and introspective ideas, they are interested in useful tasks and in a considerable number of cases assisted to a more speedy recovery, or at least a happier existence.

I think it would be well worth the time given by any of you to visit the different work-shops Dr. Evans has established for the re-education and therapeutic treatment of the patients in his care. It is a distinct advance in the treatment of the insane and probably as intensively carried out at Morris Plains as anywhere in the United States.

In conclusion, I wish to thank the members of the Morris County Medical Society for the honor bestowed upon me in selecting me as president for the past year. I feel assured the society will make material progress during the years to come and continue to make itself felt more and more an influence for the betterment of mankind in Morris County.

An Oklahoma Chiropractor, according to the press, wired the Surgeon General about as follows: "I offer my services as a chiropractor in non-surgical cases, etc." It is said some joker almost got by the city editor with the following reply: "'Washington, March ———, ———, Chiropractor, Muskogee. Your offer as a chiropractor in non-surgical cases received. You will prepare at once for service in the molokai, Hawaiian Leper Hospital or the Tampa small-pox hospital, your choice. Blue, Surgeon General.'"—Jour. Okla. State Med. Asso'n.

PRESIDENT'S ADDRESS.

Delivered at the Annual Meeting of the Essex County Medical Society in Newark, October 2, 1917.

By EDWARD STAEHLIN, M. D.,
Newark, N. J.

In these troublesome days it is hard to get away from war subjects—yet as the thoughts I wish to express have been entertained by me long before the war started—I trust they may take root and flourish after the war is over—for reparation is the doctor's mission, and it is along the lines of repair that I'll ask your attention for a few moments, and outline to you "my measure of devotion to the cause and county."

The County of Essex, in the State of New Jersey, has a population now of over half a million, and is situated as a geographic suburb of the American Metropolis New York. Yet when we consider its scientific attainments, especially as regards medicine—in the broad sense—we must admit that progress along this branch has been neglected, in the up-to-date understanding of standardization. Why? Simply because we have no research laboratory or institute, a central fountainhead, where scientific conclusions can be attained of a high standard or order, and disseminated at first hand among the workers of medicine, and conversely, having no central workshop, we cannot rally for the purpose of exchanging ideas and acquiring standards at first hand, leading to the inevitable result of tending to break up into cliques, with more or less narrow gauge ideas. Naturally, situated in such close proximity to a world center, we acquire our knowledge second hand, and shine by reflected light. We have no University—no research laboratory to establish our standards along independent lines of thought! Newark should be a world city—and not a hamlet medically, as it seems to be, and along the lines of pathology and research it must resolve to emancipate itself.

Our present conditions are due partly to our close proximity, which makes dependence so easy, partly to the disposition of the doctors themselves, to let well enough alone, and partly to our citizens, who cannot be convinced of the necessity of such projects.

In the report of the pathologist of the Newark City Hospital for the year 1909, the first year of the pathological laboratory's existence, he says: The work of a patho-

logist in the public institutions of Essex County before my time has been of a very difficult nature; for he only enjoyed a subordinate position, with a support in only so far as he helped the clinical side and never his own science. For this reason, the position of pathologist to such hospitals had generally been held by younger men who used this office merely as a preparatory work for their future practical clinical career. The work has therefore been directed almost entirely along clinical applicability of pathological experience. For this reason also, the financial support has been lacking. No one expected to make this work his life work, consequently the numerous methods devised within the last ten years for aiding and bettering clinical diagnosis have been neglected.

The little laboratory at the City Hospital, at that time with its totally inadequate equipment, was the only place for systematic pathological work in this county. Here the first systematic examination of the blood, urine, fæces, and various secretions and excretions of the body were made. The first use of the freezing microtome in the diagnosis of tissue removed during operations was seen at the City Hospital. The first blood cultures for the purpose of isolating the germs in certain infectious diseases and the manufacture of autogenous and stock vaccines for the treatment of the same disease was made in the laboratory. The pathologist says in his report for 1910, the charity patient in the Newark City Hospital now receives a better diagnosis and consequently better treatment of his disease than he would in any charity or private institution in the county.

This impetus was the result of recognizing the importance and advantage of autopsy and other pathologic anatomic examination and although the waves of this influence have found acceptance at all institutions generally, still it is my belief that conditions everywhere are wholly inadequate to be dignified by the term of truly scientific and in any way commensurate with what is done in larger centres of learning.

Improved as conditions are, and promising as are the influences promulgated now everywhere in consequence of the demands and pressure of standardization, still it seems to me our energies are too diversified and wasted, and split up too much for the available material at hand. If there were a central repository or clearing house along the lines of research and special pathological work, it would so concentrate efficiency

coupled with experience and knowledge along these lines, that the greatest benefit would accrue to the greatest number, doctors and laity alike, and the tendency would be towards harmonious standards and not antagonistic opinions.

I sincerely hope the time will come when our county will support either from public or private endowment a well equipped pathological and research laboratory as an integral part of one of the city's hospitals—one or more expert pathologists should be employed, at a salary sufficient to insure a decent living and allow the pathologists to devote their entire time to the hospital work, and aid doctors in the community in the diagnosis requiring pathological work. Such a laboratory should be so equipped that in conjunction with the attending staff clinics, pathological symposiums could be given regularly to any of the doctors in the community who desire to attend, in order that the majority of men can come into closer contact with pathological work. Such an institution would be one of the greatest assets a city could support and when once established would do more good to the people and doctors at large and add more to pure scientific research than all the richly endowed laboratories in the Country.

Abroad, the Government supports in every large city one or more excellent laboratories for diagnostic and medical research. With us the Government other than the municipal influence, has no control over hospitals or hygienic conditions, and in consequence our best talent is led to seek privately endowed institutions in preference to institutions run by ever-changing political influences.

The County of Essex needs an institution where the most modern methods and tests can be used for the correct diagnosis and treatment of disease. The doctors need an equipment whereby they can rely on experts to do and perform technical work which they are unable to do, except in a very limited way, because of the time, equipment and experience necessary. Numerous hospitals will and should be glad to give all their material for this purpose, which under the present conditions, to a great extent, is either not worked up to its available capacity or is lost.

Such an institute should be so equipped as to instruct and aid doctors in anything which will improve the treatment and care of their cases. Such an institute would become the Mecca of medical thought in the county, would bring about a better feeling

among doctors, and would impress the laity in a dignified manner with the importance of questions dealing with their daily lives.

The main features of such an institute would be—a *well-equipped medical and scientific library*, consisting of standard textbooks and works of medicine. A gradually increasing list of the world's important medical periodicals; the library to be open to doctors of the community.

A *chemical laboratory* open to doctors who desire to use it under the direction of the institute's staff, for the examination of blood, urine, feces, gastric contents and the various other body fluids. This department would be of enormous help to doctors, both in the diagnosis of cases and in the education received.

A *pathological laboratory* to be used for the examination of tissues removed before or during surgical operations for the diagnosis of tumors, particularly cancer. A special feature of this work would be the ability of making frozen sections and diagnosis while the patient was undergoing the operation. By arrangement of affiliation one of the staff could go to other hospitals for the purpose of making sections during the operation.

A *bacteriological laboratory* for the examination of blood cultures or cultures from the various body fluids and tissues. A part of this work would also be the manufacture of the various vaccines for the different cases of "blood poisoning," especially in infection of child-birth. Also a production and use of typhoid vaccines. This work also embraces the important complement fixation test, especially as regards the Wassermann and Naguchi reaction for the serum diagnosis of syphilitic and parasymphilitic diseases.

Equipment for animal experimentation, in which the diagnosis and treatment of infectious diseases so strongly stands, should be provided for in an efficient manner. An operating room for the injection and bleeding of animals and sufficient quarters for rabbits, guinea pigs and sheep should be provided. This branch is of special importance in the study of the transplantation of tumors, in search for the cause of cancer. It is also of importance to the surgeon for experimental surgery and the perfection of his technique.

Another special feature of such an institute would be a well-kept pathologic-anatomic museum. This to be complete for the use of the doctors in the community and also to have exhibits—to be open to the

laity and school children, especially in reference to enlightenment on hygienic problems and the care for and guard against tuberculosis, in fact enlightenment on any medical problem bearing upon public health, as during the time of our anterior poliomyelitis epidemic.

A *lecture room* to be used for the demonstration of scientific material to doctors and medical societies. Also to be used for the instruction of the public and school children.

Also a *suitable morgue* for scientific pathological and operative work.

With the establishment of such an institute there should be established, of course, affiliation with all other hospitals. A definite number of beds, research beds, should be retained at these hospitals. These beds to be under the medical management of the institute and the members of the staff of the hospital in question; the latter to be temporary members of the scientific staff of the institute. The beds are to be set aside for such diseases as the institute is from time to time interested in. The respective hospitals to support these research beds without charge to the institute and in return the institute to do such laboratory work as the hospital requires.

With a man like Dr. Martland at the head of an institute like this, the remaining feature of the project would depend almost entirely on the financial condition of such an institute—there must be first established an endowment fund, the yearly interest of which is to be used for the running expenses of the institute. It is along these lines that I have pondered now for many years, and it is my intention to arrange, eventually, to leave all my worldly possession toward the establishment of such an institute, as my measure of devotion to the cause and the county. Not that I possess so much—for I count myself wealthy only in the fewness of my wants—nor that I hope to accomplish my object by an early demise—for I wish to tarry as long as health remains, and should the interim prove long, as I hope it may, I have another object in presenting these, my views—it may stimulate others more fortunately placed than I am in the possession of this world's blessing, to actually accomplish now what I am striving to do—for after all, as the saying goes, "it matters not who sings the song as long as the song is sung," and "it matters not who does the deed, so long as the deed is done!"

Few men have sufficient confidence in their own veracity to believe all they say.

DISCUSSIONS OF PAPERS READ AT THE ANNUAL MEETING OF THE SOCIETY.

The proofs of these discussion were returned too late for insertion with the papers in the October and November issues of the Journal, occasioned by the authors' illness or absence from home.

DISCUSSION OF DR. DRAKE'S PAPER.*

On Indigestion and Other Protective Symptoms.

See October Journal, page 379.

Dr. Philander A. Harris, Paterson: Dr. Drake in his excellent paper has emphasized the more important points relating to diagnosis of gastric and duodenal ulcers. My interest in the diagnosis of troubles about the stomach grew from my first having a fad for operating upon gall stone diseases. I soon found that I must gain more knowledge of the stomach and duodenum. Since that time, years of assiduous attention to the clinical history of dyspepsia in its various forms, have been of incalculable aid to me in differentiating gall stone disease, cancer, ulcer of the stomach, ulcer of the duodenum and other pathological conditions which may there develop.

I heartily endorse the views of the reader of the paper regarding the difficulties which so often confront the diagnostician, and the consequent need of valuable aid which most experienced technicians alone can render us. Many cases of indigestion must be observed and studied for days, and sometimes for weeks, until the facts upon which the diagnosis can be based are well established. A lot of professional friends, having referred dyspeptic patients to me for diagnosis and treatment, have come to fully realize the tremendous amount of personal effort required to eliminate the factors of error in diagnosis, even when aided by the various kinds of technicians.

A valuable aid in diagnosis, and one to which insufficient attention has been paid, is the determination of the exact location of pain complained of by a patient afflicted with lesions in the abdomen. Pains which a dyspeptic experiences are generally not continuous, and since pain is often absent at the time she consults her physician, he must rely upon her memory as to the exact location of pain which occurred with, or, followed, the ingestion of food. For patients who consult us at our offices, there is one reliable method of determining the exact location of pain complained of by dyspeptics, and that is by constant resort to the practice of auto-cutaneo-dolorography, which I have employed in all cases for a number of years past. During the term of my study of a case, these markings upon the body are graphically transdelinated by my history sheets: at every visit of the patient to my office. In this way I get a definite record of the exact location of pain which a patient has experienced and marked upon her body between her visits to my office. Such as have had no experience with this accurate means of registering the centers of pain complained of, are omitting a valuable aid in diagnosis.

Regarding the operative treatment of dyspepsia, there is a certain percentage of cases which can be quickly and permanently cured by resort to operation, but no one experienced

in the operative treatment of these cases should rush them to the operation room without fully weighing the value of all the factors pertaining to the patient's interest.

DISCUSSION ON DR. NEWTON'S PAPER.

Title—"A Plea for Greater Exactness in the Diagnosis and Treatment of Tuberculosis."

See October Journal, page 391.

Dr. Sidney A. Twinch, Newark: I want to report two or three cases which I treated without tuberculin unsuccessfully, but later used tuberculin with great success. The first case is a boy whom I am sure would have been dead now had it not been for tuberculin. He was under my care for two and one-half years with two tuberculous joints, both running pus and was going from bad to worse when I started tuberculin. After two weeks of tuberculin treatment an improvement was noticed and he has improved every week since. He is now able to walk and is practically well. It took two years to complete the tuberculin treatment. Another boy at the hospital who was treated by me for five years without tuberculin and was running pus from two joints all the time. After four months of tuberculin treatment he was out of bed on crutches. He continued to improve and is now practically well with all his sinuses closed. Another case had two tuberculous joints, ankle and hip. He went from bad to worse, with no apparent improvement until we started tuberculin treatments. Five or six months afterward tuberculin was given he was out of bed on crutches. In this case the astragalus was thrown off spontaneously through an opening made by an abscess. This is now practically well.

All these three cases were perfectly hopeless and never would have become well without tuberculin.

DISCUSSION ON PAPERS OF DRS. DUNHAM AND MINOR ON TUBERCULOSIS.

See November Journal, pages 424-427.

Dr. Theodore W. Corwin, Newark: I have enjoyed these papers exceedingly. Not that I have such a great fund of knowledge that I am able particularly to appreciate the first paper of Dr. Dunham, although I have had the privilege of looking at many x-ray plates. I perhaps may be allowed to play one of these gentlemen against the other, and use Dr. Dunham to say something in regard to Dr. Minor's paper. One thing particularly that impressed me was that Dr. Dunham told us that every one of us is tuberculous and so is everybody else—pretty much so. That is a feature which should give us some hopefulness. It is not going to send us all to the grave right off. You know that, although we are all tuberculous, we have a chance to live quite a good while yet, most of us; that 10% of us, perhaps, die with the tuberculosis active, while all the rest of us get over it—get over it enough to keep living anyhow; and that is the very hopeful feature for that disease and it is also a feature which you can present to your patients as offering a considerable degree of hope in their particular case. So I think we can use that fact to encourage our patients very much.

With regard to the psychology of the disease, that is also a very kindly presentation by Dr. Minor, and I have had enough handling of

these cases to feel very thankful to him for this noble presentation of the topic. Some of the gentlemen have asked: How can we establish confidence? We all recognize the fact that confidence is a great thing psychologically, and I would say that the confidence of the patient, can be advanced by showing him some little improvement. If he comes to your office, he is in the very last stage of the disease, and if you can demonstrate some slight improvement, even at the start, it will give you the first claim for his confidence. We should recognize that tuberculosis is the end result, rather than the beginning trouble, that enters into the life of the patient's case. In other words, tuberculosis is almost always a terminal affection. It is the result of a low state of affairs; affairs which perhaps are not always recognized as being factors, or diseases in themselves; thus tuberculosis is often the result of bad habits—not necessarily of bad conduct, but bad habits—hygienic—bad habits of living, of eating, of housing, or what not, and you can almost always do something to correct these bad habits. Often you can make an impression on the patient's feelings and on his conditions by showing him where he can improve himself. That gives him confidence right off; if he is in earnest, he makes use of the advice you give him, along those lines, and there is just one other thing, it will be generally continued. It may not be over a week before there will be an advance in his weight, and if there is advance in his weight within the first week or two, that will give him a whole lot of confidence; you should keep your scales busy every time he comes in your office; if you have no scales in your office you are not properly prepared to treat tuberculosis.

Clinical Reports.

Epithelioma of Posterior Pharyngeal Wall.

Dr. Dunbar Roy, Atlanta, Ga., reports this case in the Medical Times:

Female, aged twenty-seven years, first seen July 29, 1913. Previous and family history negative. Present history: For last three months had suffered with a soreness and throbbing in her throat. Had been treated continuously without result. Examination showed a rounded ulcer on the posterior pharyngeal wall at center, one-half of which was hidden by the soft palate; dirty grayish in appearance, with edges sharply defined; about one-half inch in diameter, and extending as deep as the superficial aponeurosis. A piece excised showed it to be an epithelioma.

Removal by means of the electrocautery point, well outside of its edges. No reaction and no discomfort followed. Healing perfect under one application. After three years there are no signs of a return.

Metastatic Cancer of the Breast.

Dr. Aspinwall Judd, at the meeting of the New York Academy of Medicine held May 4, presented this patient, a woman, who had been operated on six years ago for endothelioma of the parotid gland. She returned last August with a condition of the breast and axilla demanding operative interference. She had a high leucocytosis and a high polynucleosis.

The glands of the axilla were broken down, soft and cheesy, but did not appear microscopically to be malignant. The report of the pathologist, however, stated that the condition of the glands was malignant, and of a rapidly growing variety. Last December the patient began to suffer with pain in her knee. When seen by the speaker the knee was enormously swollen and distended. A diagnosis of embolic process was made. The question that arose in this connection was whether the embolic process was also malignant and what relation it bore to the diagnosis of endothelioma. No malignancy was found in the breast.

Tuberculous Osteomyelitis of Hip Joint.

Dr. Judd, at the meeting above mentioned, also presented this patient, a boy, who he stated had no hip. This was one of a considerable number of operations of this kind which he had done. The boy had been operated on for a secondary infectious osteomyelitis. One by one, one ankle, one wrist and one shoulder had been affected. He showed a high leucocytosis and was in an extremely emaciated condition. Dr. Judd stated that he had operated on one joint and then gone out of town, leaving the boy in another surgeon's care. When he returned he learned there had been no further operation, as the other surgeon considered the boy's condition hopeless. Dr. Judd then did a resection of the hip joint. The boy was now in good condition and had remarkably good function of the hip, though the joint had been entirely excised.

Parenchymatous Nephritis.

Dr. Frank M. Johnson, Boston, Mass., reports in the Medical Record of December 16, the following old case with added comments:

Mr. E. H., age 61. History of illness of more than two years. Principal symptoms had been headache, nausea, indigestion, weak heart, dropsy, partial inability to walk, loss of flesh and strength. Had received treatment from many physicians and had been told when he was in some hospital that he had but a short time to live. There was a disfiguring skin eruption on his face. He had taken large quantities of digitalis and iron. On examination, a stricture of the urethra was found. This was dilated. The prostate was enlarged. Urine examination showed the case to be one of chronic parenchymatous nephritis, chronic catarrhal cystitis, and chronic prostatitis. There was a fairly large amount of albumin present. The bladder was treated by boracic acid washes and injections of protargol, mild solutions of silver nitrate, argyrol, etc., then cystoscopy was performed. The examination of the left and right urines showed chronic parenchymatous nephritis. Both kidneys were in about the same condition. After lavage, $\frac{1}{2}$ to 1 per cent. of protargol was injected slowly. In all there were some eighteen cystoscopies and in the interim bladder washes of boracic acid, silver nitrate 1/5000, etc. Salol, alkalies, urotropin, piprazin, et al. constituted the internal medication. Digitalis I did not use. The patient showed marked improvement, was able to resume work, had a good appetite and gained sixteen pounds. His flesh became firmer, right and left urines showed less albumin, and casts almost disappeared.

Eleven years have passed, and it is now 1916. During this time he has been up and about, and feeling quite well. At different times I have given him bladder and renal lavage. The stricture has entirely disappeared, so cystoscopy is not difficult. Soothing diuretics, tonics, urotropin have been more or less continued. Four years ago he had a hard attack of gripe. This caused an adder irritation of both bladder and kidneys, and affected the heart's action. Small doses of strophanthus eliminated this new feature. He is now 73 years old; his urine shows more albumin than when I was treating him constantly, and casts have appeared again. Realizing that his condition is a serious one, in spite of his assertion that he feels well, I advised him to resume the bladder and renal lavage. For some time past I have obtained remarkably good results in chronic cystitis, pyelitis, pyelonephritis, etc., from bladder washes of warmed mild solution of boracic acid, followed by injections into the bladder of 2 to 4 c.c. of colloidal iodine. I gave these treatments every day, at first, and then three times a week; also capsules of this iodine internally, one t.i.d. Up to this time I have believed that the improvement of condition after lavage was due to the better drainage rather than to the medicament used. I am now giving him bladder washes of boracic acid, followed by injections of the iodine—about 4 c.c. After lavage of the kidneys I inject this colloidal iodine very slowly and carefully, a little at a time, using in all 1 to 2 c.c. Internally, he is taking the iodine capsules and nothing else. Both urines have cleared and the albumin has decreased. Also the good after-effects of the lavage are more lasting. While I do not expect to make a cure, I am more than pleased with the results obtained.

County Medical Societies' Reports

ATLANTIC COUNTY.

Byron G. Davis, M. D., Reporter.

The regular monthly meeting of the Atlantic County Medical Society was held at the Hotel Chalfonte, Atlantic City, Friday evening, November 9th.

Dr. Charles H. Canning, Atlantic City, read a paper on "Some Newer Methods of Blood Examinations."

Dr. Martin E. Rehffuss of Philadelphia, read a paper on "Some Gastro-intestinal Problems."

These papers were discussed by several members who were present.

BERGEN COUNTY.

Ralph S. Cone, M. D., Reporter.

The regular monthly meeting of the Bergen County Medical Society was held November 10th at the Union League Club, Hackensack. President F. S. Hallett in the chair. About 40 members were present.

The scientific program of the meeting consisted of a lecture given by Prof. S. G. Gant of New York, his subject being "Some Rectal Colonic Affections and Operations." Stereopticon views of the various operative procedures gave it an additional interest.

Dr. Gant made, among a number of other noteworthy statements, the following: That a one-eighth per cent. solution of eucaine ful-

filled almost all the requirements of an ideal local anesthetic, being efficient and practically non-toxic; that 85 per cent. of all rectal operations may be successfully performed under local anesthesia and that eight minutes is a sufficient length of time for any operation for hemorrhoids.

After a rising vote of thanks, a short business session was held, at which the resignation of Dr. S. T. Hubbard as secretary was announced and Dr. R. S. Cone was elected his successor. Light refreshments were served and the meeting adjourned.

CUMBERLAND COUNTY.

S. Thomas Day M. D., Reporter.

The annual meeting of the Cumberland County Medical Society was held in the Commercial Hotel, Bridgeton, October 2nd, 1917.

The following officers were elected for the ensuing year:

President, Dr. Louis J. Kauffman; vice-president, Dr. Harry P. Webb; secretary and treasurer, Dr. H. Garrett Miller; reporter, S. T. Day; Board of Censors, Drs. L. J. Kauffman, John Winslow, S. M. Wilson; Annual Delegate to the State Society, Dr. W. P. Rickert.

Dr. P. Brooke Bland, instructor in gynecology, Jefferson Medical College, Philadelphia, presented a very interesting and instructive paper on "The Treatment of Infection Following Labor, Mature and Premature." This was discussed by some of the members present.

The following committees and delegations to other county societies were elected:

Public Health and Legislation—Drs. M. K. Elmer, S. T. Day, Madeleine Hallowell.

Publicity—Drs. T. J. Smith, H. G. Miller, Ray Simpkins.

Program—Drs. S. T. Day, John Moore, Alfred Cornwell.

On Centennial Celebration—1918—Drs. H. Garrett Miller, Madeleine Hallowell, John Moore, S. T. Day, W. P. Glendon.

Delegates to the county societies: Salem County, Drs. A. Cornwell, S. M. Wilson, H. H. Fritz; Gloucester County, Drs. John Moore, J. R. C. Thompson, T. J. Smith; Camden County, Drs. M. Hallowell, S. T. Day, David Oliver; Cape May County, Drs. Robt. McHenry, Harry Lore, Sherman Garrison.

MIDDLESEX COUNTY.

Frederick L. Brown, M. D., Reporter.

The regular monthly meeting of the Middlesex County Medical Society was held November 21, at the Perth Amboy Hospital, President E. A. Meacham in the chair. There were present Drs. English, McCormick, Schureman, Brown, Donohue, Hoffman, Scott, Spencer, Albright, Fithian, Euler, Weber, Henry, Meinzer, Silk, Tyrrell.

Drs. McCormick, Brown, Euler, Scott and Meinzer were appointed Program Committee for the present year of the Society.

The following were appointed delegates to the State Society's next annual meeting: Drs. Gutmann, Fithian and Brown; alternates, Drs. Hoffman, Silk and Spencer.

Dr. G. W. Fithian reported some cases of poisoning in factories in Perth Amboy, where certain chemicals are prepared, especially alphonaphtholomin, the most characteristic symp-

toms were vomiting, severe pain, jaundice and hematuria. Some other cases were reported and a general discussion followed.

Dr. F. M. Donohue reported a very interesting case of double pregnancy—intra- and extra-uterine. Discussion followed.

Local Medical Societies.

Bayonne Medical Society.

Louis Lipshitz, M. D., Reporter.

A meeting of the Bayonne Medical Society was held at Elks' Hall on Monday evening, November 19, 1917.

The speaker of the evening was Dr. John Osborn Polak, professor of Obstetrics and gynecology at the Long Island Hospital Medical College.

He spoke of the abnormally high morbidity and mortality figures during the puerperium. There were quite a number of things suggested by the speaker in order to reduce those figures, among which were the following: Surgical cleanliness—clipping of the hairs of the vulva—proper scrubbing and then painting with a 3½ per cent. solution of tincture of iodine. Frequent vaginal examinations were discouraged and instead he suggested following up the progress of the labor by listening for the fetal heart sounds, symphysis pubis then it was time to deliver. To ascertain the amount of dilatation examination per rectum was suggested. He advised the policy of "watchful waiting" instead of trying to rush delivery by means of drugs or forceps. He also advised that all primipara be sent to a hospital.

The paper was fully discussed by all members present.

Clinical Society of the Oranges.

Walter B. Mount, M. D., Secretary.

A regular meeting of the Clinical Society of the Oranges was held at the home of Dr. Warner in East Orange on Monday evening, October 29, 1917. Members present were Drs. Chamberlain, McCroskery, McLellan, Moulton, Mount, Muta, Parker, Ringland, Seidler, Smith and Warner. The guests were Lieut. Dean F. Winn, M. C., U. S. Army; Lieut. Edwin G. Ramsdell, M. R. C., U. S. Army, F. A. C. S.; Lieut. Raymond C. Dodd, M. R. C., U. S. Army; Dr. Francis B. Lane of East Orange, and Dr. Oscar A. Mockridge of Newark. The meeting was arranged through Lieut. Seidler, who with Lieuts. Dodd, Ramsdell and Winn is now stationed at the Columbia Hospital in New York City. Because it was expected that these officers would soon be transferred to more distant spheres of work, the November meeting was held a week ahead of time.

The meeting was called to order at 9.30 P. M., Dr. McLellan in the chair. Business was dispensed with and the evening devoted to Lieut. Winn and Lieut. Ramsdell. Lieut. Ramsdell had spent over a year in 1915 and 1916 in France, in Mrs. Whitney's hospital, the American Hospital B, at Jilly, Seine-et-Marne, ten miles from the front. He gave an interesting talk about his experiences, illustrated by many fine pictures and x-ray slides. He showed specimens of bullets and shrapnel and described their effects at different distances. The

patients were kept at the hospital until they were ready to be returned to active service or to be sent home. He emphasized the value of traction in fracture cases. He strongly praised the French people, their spirit, patriotism, fighting qualities and common sense, and related a number of characteristic incidents.

Lieut. Winn followed with a very instructive talk on his work in Russia for the first year of the war, working with the American Red Cross in the hospital at Kiev. Their party was the only group of American physicians in Russia and they were treated with every possible courtesy. Lieut. Winn was a Lieutenant-Colonel in the Russian Army and wore the Russian uniform, as did the other physicians. Kiev was 100 miles back from the Galacian front, and their cases reached them five to eight days after having been wounded, usually with the first aid dressing still in place. The patients had to be discharged as quickly as possible in order to make room for others. Tetanus antitoxin had not been used and could not be obtained in the country, most of the wounds were badly infected, and supplies were insufficient, in such items as rubber gloves and x-ray plates. Lieut. Winn had no pictures to show, because it had been impossible to obtain the materials for them in the country. The Russian better class, he said, are delightful people; the peasants and soldiers exceedingly grateful, and rather quick to learn, but very ignorant and dirty, and decidedly indifferent in their attitude towards everything. Even then, however, one could hear murmurs of dissatisfaction.

Questions were asked both speakers and there was a general discussion. It was resolved that the society express its sincere thanks to Lieut. Winn and Lieut. Ramsdell for their very interesting talks and for their trouble in coming out from New York. Adjournment at 11.15 P. M.

Of the members on active duty, Lieut. Adams is still at Syracuse. Lieut. Buvinger expects to be appointed Eye, Ear, Nose and Throat Surgeon to an Evacuation Hospital, Capt. Riggins expects to be ordered to Chicago for special instruction in brain surgery, and Lieut. Seidler expects in a week to be transferred for special instruction in brain surgery and in fractures.

Summit Medical Society.

William J. Lamson, M. D., Secretary.

The regular meeting of the Summit Medical Society was held at the Highland Club on Friday, November 30, 1917, at 8.30 P. M., Dr. Meigh entertaining, and Dr. Prout in the chair.

Present: Drs. Baker, Bebout, English, Jaquith, Jones, Keeney, Lamson, Meigh, Moister, Morris, Pollard, Prout, Reiter, Smalley and Wolfe, and the following guests: Dr. Tator of Summit and Drs. Lewis, Mills and Vaughan of Morristown.

The following physicians were elected to membership in the society: Drs. H. P. Dengler of Springfield, C. R. Kay of Peapack, H. O'Reilly of Summit.

A letter was read from the Nurses' Registry, urging the physicians to obtain nurses through the Registry. Referred to the secretary for reply.

The paper of the evening was read by Dr.

H. T. Bugbee of New York on "Renal Tuberculosis." The bacilli enter the parenchyma of the kidney by infiltration from the blood stream, the angle between the papilla and calyx being favorite focus. It may be primary, though usually secondary. Frequent and painful urination is commonly the first symptoms, remittent in character. Renal colic and ureteral occlusion may develop. Cystoscopic diagnosis is often very difficult, and repeated examinations sometimes necessary. Nephrectomy is indicated in unilateral cases, preceded and followed by tonic treatment and rest. Seventy-five per cent. of such cases are saved by operation.

In inoperable bilateral tuberculosis hygienic and tonic treatment, with careful use of tuberculin, are indicated.

The paper was illustrated with lantern slides.

National Organizations.

Clinical Congress of the American College of Surgeons.

The above named title was adopted at the eighth annual session of the Clinical Surgeons of North America, held in Chicago, October 22-26. Resolutions were also adopted against the practice of splitting fees. At the session of Monday evening, October 22, Dr. A. J. Ochsner, chairman committee of arrangements, welcomed the members and complimented Surgeon General Gorgas and Dr. Franklin Martin for their efforts in organizing the medical profession for military service. Honorable Josephus Daniels, secretary of the navy, thanked the physicians who are enlisting to prevent disease, to bind up the wounds of the military forces and restore them to self-supporting status. He described the venereal peril as deadly and demanded heroic treatment. Surgeon General W. C. Gorgas, U. S. Army, thanked the association for the great help it had furnished his department and said the medical profession has responded as no other profession or class. Col. T. H. Goodwin, representing the Director General of the British Army Medical Service, referred to the comradeship of British and American sailors and the great help already given the allies by American physicians and nurses at the front.

Col. Sir Berkeley Moynihan, whose ancestors for ten generations have been in the service of the British government, said that one-third of all the medical men in the United Kingdom have already enlisted in the service of the British army. He referred to the military hospital center at Leeds which supplies 6,300 beds where the normal civilian hospitals had only about 500. He gave credit to both American and British men for discoveries that have practically abolished typhoid fever since the Boer War.

Surgeon-General W. C. Braisted, U. S. Navy, referred to the work of the National Board of Medical Examiners which will continue during the war to hold more frequent examinations, especially of internes at the camps under the medical department of the army.

On Tuesday evening, October 23, there was a symposium on "Sanitation and Sepsis" by Surgeon General Gorgas and Braisted and Colonels Munson and Russel. An address on "Gunshot Wounds and Their Treatment" was

given by Sir Berkeley Moynihan and discussed by Major Crile.

On Wednesday evening, October 24, President John G. Clark gave an address on "The Use of Radium in Surgery." A symposium on military surgery and specialties included: General Surgery, Major Chas. H. Mayo, Rochester; Head Surgery, Major W. R. Parker, Detroit; Brain Surgery, Captain Chas. Bagley Jr., Baltimore; Ophthalmic Surgery, Major Jas. Bordley Jr., Baltimore; Surgery of the Ear, Nose and Throat, C. W. Richardson, M. D., Washington; Oral Surgery, Major Vilray P. Blair, St. Louis; Orthopedic Surgery, Major E. G. Brackett, Boston.

On Thursday evening, October 25, the program was as follows: Surgery of the Spinal Cord, C. M. Frazier, M. D., Philadelphia, discussed by Allen B. Kanavel, M. D.; Surgery of the Stomach, Wm. J. Mayo, M. D., Rochester, Minn., discussed by Drs. A. J. Ochsner and L. L. McArthur; War Surgery of the Lungs and Pleura, Sir Berkeley Moynihan, Leeds.

Clinics at all the city hospitals occupied the members daily and the evening sessions were held in the Gold Room of the Congress Hotel.

American Public Health Association.

At the forty-fifth meeting of the Association, held in Washington, D. C., October 17-20, under the presidency of Dr. William A. Evans, Chicago, the following officers were elected: President, Dr. C. O. Hastings, Toronto, Ont.; vice-presidents, Drs. George M. Kober, Washington, D. C.; Emanuel S. Iglesias, Vera Cruz, Mexico, and Guilford H. Summer, Des Moines, Iowa; secretary, A. W. Hedrich, Boston, and treasurer, Lee K. Frankel, New York. The association adopted the resolution favoring the bestowal of the Nobel Prize on Major-General William C. Gorgas, Surgeon-General, U. S. Army, for placing yellow fever in the list of preventable diseases.

CONFERENCES.

Standardization of Salaries.

Last month J. L. Jacobs, expert for the State Civil Service Commission held a series of conferences with State officials and employees to consider classification of salaries. The first conference was between Mr. Jacobs and a medical personnel committee consisting of Drs. J. C. Price, B. D. Evans, Madeline Hollowell, H. A. Cotton and S. B. English.

North Atlantic Tuberculosis Conference.

This conference was held in Baltimore, Md., October 17 and 18 under the direction of the National Association for the Study and Prevention of Tuberculosis. The following medical men were appointed by Governor Edge to represent New Jersey at this conference: Drs. S. B. English, T. W. Corwin, F. J. Hughes, F. C. Low, W. S. Jones, Claude Fish, P. H. Markley, H. E. Ricketts, B. S. Pollak, J. E. Runnels, J. C. Price, A. C. Hunt, P. Marvel, T. Senseman.

Notices of Hospital Clinics.

Long Island College and Hospital Clinics.

The medical profession is cordially invited to attend the obstetrical diagnostic clinics at the Long Island College Hospital conducted

by Drs. John O. Polak and F. C. Holden in the amphitheatre of the hospital, every Saturday morning, at 11 o'clock. They will be continued until June 1, 1918.

The following subjects will be discussed:

Dec. 8—Demonstration of the technique of normal labor in private practice. Simple invasive asepsis. Dec. 15—Demonstration of the mechanism and management of occipito-posterior positions of the vertex. Dec. 22—Indications and use with demonstration of the several methods of dilating the cervix. Beginning January 5, 1918: Demonstration of the anatomy and of the proper intermediate repair of puerperal injuries, cured by operation—by radium, by x-ray. Preoperative preparation of the gynecological patient. How each case should be worked up to give the woman her greatest margin of safety. Retroversion—its pathology—indications for treatment—the sphere of the pessary—of operation—consideration of the end results. Anesthesia in labor.

The Governors of the New York Skin and Cancer Hospital announce that Dr. L. Duncan Bulkley, assisted by the attending staff, will give the nineteenth series of clinical lectures on "Diseases of the Skin" in the out-patient hall of the hospital on Wednesday afternoons, beginning November 7, at 4.15 o'clock. All physicians admitted on presentation of their professional cards.

Miscellaneous Items.

A New Antisymphilitic.—At a meeting of the National Academy of Science in Philadelphia on November 20, Dr. Simon Flexner announced the discovery of a new arsenical preparation for the treatment of syphilis. The new drug, called A-189, is said to be superior to salvarsan, being parasitotropic to a much higher degree.

Pregnancy at 65 Years of Age.

M. E. Bove, Maple Ridge, Mich., writes in Clin. Med., April, 1917: A woman here, 53 years of age is now in her fourth month of pregnancy. The mother of this lady was 65 years old when she gave birth to her last child, and she was the mother of 25 children by four husbands.

Results of Low Neck Wear in Women.

Brocq states that as the result of going bare chested for three years women have developed an integument of very peculiar texture, with diffuse and lenticular pigmentation, telangiectasis, coarsening of the skin, keratosis of the follicles and acne. This does not include sunburn and its sequelae. The resistance of the skin to disease is also much lower as shown by the frequent development of eczematoid eruptions. — *Annales de dermatologie et de syphiligraphie*.

Foreign Bodies Left in the Tissues.

The belated discovery in the abdomen of a forceps or swab is liable to result in an action for damages, at the trial of which the position of the operator, who has to admit that the counting had been omitted, is far from enviable. Routine checking might with advantage be extended to all the smaller articles,

such as needles. The peritoneum is not the only hiding place for forceps and swabs. A pressure forceps has been removed from the axilla some weeks after a breast operation. The possibility of such an occurrence can only be prevented by counting the instruments and swabs in every operation in which the wound is capable of harbouring them.—C. H. Whiteford in The Medical Press.

State Militia Surgeons Appointed.

The appointments for the seven battalions comprising the new State militia have been announced by the adjutant general's office, Major J. J. Broderick of Jersey City being in temporary command:

First Battalion—Captain Charles Cunningham of Atlantic City, First Lieutenant John C. Loper of Bridgeton.

Second Battalion—Captain Joseph B. Lawrence of Merchantville, First Lieutenant Aaron L. Stillwell of Somerville.

Third Battalion—Captain George W. Lawrence of Lakewood, First Lieutenant Robert B. Wilson of Red Bank.

Fourth Battalion—Captain Milton A. Shangle of Elizabeth, First Lieutenant Gustave A. Becker of Morristown.

Fifth Battalion—Captain Edward Markens and First Lieutenant James S. Hewson of Newark.

Sixth Battalion—Captain William A. Norval of Paterson, First Lieutenant Ralph D. Denig of Hackensack.

Seventh Battalion—Captain George H. Mueller of Jersey City, First Lieutenant Ferdinand J. Pfing of Hoboken.

The two medical officers rank respectively as captain and first lieutenant in the Medical Corps.

Academy of Medicine of Northern New Jersey.

The stated meeting will be held on Wednesday, December 19, at 8.45 P. M. After the transaction of regular business a paper will be read on "Hyperpiesia and Hypertension of Bright's Disease," by Frank S. Meara, M. D., Professor of Therapeutics, Cornell Medical College.

The Section on Medicine will meet on Tuesday, December 11, at 8.45 P. M. The paper will be on "Physical Fitness of the Men Sent to the Cantonments by the Local Examining Board," with discussion by army medical officers.

The Section on Eye, Ear, Nose and Throat will meet on Monday, December 17, at 8.45 P. M. (note change of day). After regular business and report of cases, a paper will be read by Dr. Henry H. Forbes of the Post-Graduate Medical College, on "Bronchoscopy and Esophagoscopy," with specimens and lantern slides of cases.

The Sections on Obstetrics and Gynecology and Surgery—under the auspices of the latter section—will meet on Thursday, December 27, at 8.45 P. M. (note change of day). After regular business and the report of cases, a paper will be presented, subject to be announced later on section postal cards.

The program for December announces the names of 32 members as in "The Service of Our Country," and of 3 others who have accepted but have not yet received their orders.

THE JOURNAL

OF THE

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PUBLICATION COMMITTEE:

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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

NOTE—The transaction of business will be expedited, and prompt attention secured, if,—

All papers, news items, reports for publication and any matters of medical or scientific interest, are sent direct to THE EDITOR.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL are sent direct to THE CHAIRMAN OF THE PUBLICATION COMMITTEE.

ANNUAL MEETING PAPERS.

The Committee on Scientific Work urges members who desire to present papers at the next annual meeting of the Society—in June, 1918—to notify Dr. Alexander MacAlister, 438 East State street, Trenton, as soon as possible.

VOLUME XIV.—1917.

This month's issue completes another volume—the 14th—and another year of our Journal. It has been a year of more than ordinarily difficult work. A combination of circumstances, largely beyond our control, has made it impossible to perfect and fully carry out the original plans for a larger and better journal.

The on-coming of a great war called to our country's service our Society's President, Lt. Col. Schauffler; the chairman of our Publication Committee, Dr. Strasser; several of our county societies' secretaries, reporters and other correspondents and helpers, and the long and serious illness of our State Society's Secretary, Dr. Gray, have caused deep anxiety and diminished power and efficiency in setting forth the scientific work of the profession in the State and in publishing the State and county societies' business transactions.

The Journal was most fortunate during the absence of Chairman Strasser at Fort Oglethorpe and the period of his long and

serious illness which caused his honorable discharge from army service, in having his brother, Lawyer O. J. Strasser, help his brother and our Journal as acting chairman of the Committee, and his service was most devoted and efficient, as Dr. Strasser's had always been and we are pleased to add is again since his recovery.

It is a cause for thanks and an encouragement for future effort that notwithstanding the difficulties encountered during the year the Journal has had exceptional financial prosperity. Dr. Strasser's report for 1917 will show a balance on hand of several hundred dollars—far exceeding that of any previous year—due largely to excellent business management, especially in securing advertisements, which fact should cause our members to patronize our advertisers as far as their needs make it possible.

Reference has been made above to our members who have responded to our country's call for medical service in army and navy—our Honor Roll of patriotic physicians. Others will yet hear and respond to the call; the large majority will not or cannot. The least that those who remain at home should do is to sustain those who go and to keep the organized medical profession—in our State and respective county medical societies in the best possible condition: in membership, attendance, scientific interest and professional unity and co-operative harmony. There should be sufficient *esprit de corps* in the county and local medical societies to make the meetings as interesting and helpful as possible and to have them promptly reported in our Journal. The standing and progressiveness of the profession in a given locality is often judged by the reporting or non-reporting of the society's meetings, as well as by the work they do.

SOCIAL OR COMPULSORY HEALTH INSURANCE.

The excellent address on Social Health Insurance delivered by President Marvel at the annual meeting of our State Society and printed in our July Journal, ought to have been referred to a special committee for action, if needed, in concert with our Committee on Legislation. Our State Legislature will soon meet and its members will probably be importuned to enact a law on this subject and may yield to the pressure that would be brought to bear and enact a law as objectionable as the Workingmen's Compensation Law, which has been detri-

mental alike to the best interests of the medical profession and the workingmen. Our members should reread and carefully study Dr. Marvel's address and be prepared to use their utmost endeavor, if the passage of a law seems probable, to secure a law that is just and equitable to all the parties interested, both for its own and the public's welfare. It is a matter involving the health interests of the State and its citizens and, therefore, the medical profession should be consulted and its judgment should receive proper consideration.

This scheme of health insurance was evolved by an organization of "welfare workers and social reformers," who had been considering social conditions among the so-called laboring classes in the United States and other countries, and their conclusions were largely based on conditions and social insurance system in Europe; legislative bills were drawn and introduced in several legislatures. They will probably come up for action again this winter. Dr. Marvel well says: "Should the medical profession be slow in interesting itself in this problem, or fail to regard it with more than passing concern, it is reasonably certain when it is enacted their interests will receive but incidental consideration from the allied forces promoting its establishment." Of course, the doctor does not refer only, or mainly, to the profession's pecuniary "interests." While we have a right to consider pecuniary loss in view of the profession's records in the field of preventive medicine; in its abounding charity and from the facts that the average annual income of the general practitioner in the United States is less than \$800, and the specialists are doing an immense amount of hospital and other work without pay and are considerate of the poor workingman; there are interests of far greater importance that we should certainly consider and protect. We ought to consider, e.g., in drafting such laws the questions: Will they retard the profession's progress; curtail the physicians' scientific attainments, or their altruistic spirit and moral tone; destroy the personal relationship between patient and physician, or lessen their interest and activity in preventive medicine? If such should be the outcome, these laws would prove highly detrimental to the medical profession, the classes they were supposed to benefit and to the public generally.

One of the most comprehensive reports on this subject that has appeared was that of the Chicago Medical Society's Commit-

tee, presenting decided objections. Its length prevents our insertion of it. We refer briefly to a few of its many objections. Its unsatisfactory results in Europe. Hon. Francis Neilson, ex-member of the British Parliament, a student of political economy, told the Chicago Society:

"That social insurance in England is a dismal failure; that it was copied after the German system, and that Germany's system is a failure. He says that one has but to investigate all conditions to prove it. Under the laws, the people are entitled to the best medical service that money can buy, but, in these countries they are getting the worst medical treatment in the world. In France the weight of learned opinion is against compulsory insurance."

Other points are that it is unsolicited and objectionable to those most interested; that labor conditions do not require it; that it is a dangerous political movement; that it is un-American and subversive of American ideals of Democratic government. The report of the Chicago Society's Committee was thoroughly considered and unanimously adopted and it was subsequently endorsed by the Illinois State Medical Society.

We need not discuss the point whether such legislation is solicited or desired by the labor organizations, or is beneficial to workingmen. We quote the words spoken by their president, Samuel Gompers, at the hearing of a bill before the Congressional Committee:

"First, let me call attention to the fact that these are not facts. They simply have their bases in a peculiar and speculative theory called by the possessors philosophy, but which might better be termed sophistry. From the viewpoint of the super-speculative theorists, when facts do not conform to the theory, it is so much worse for the facts. In other words, the Socialists, or the professoriat of the Socialist party, start out with the theory and then proceed to distort facts in order to try to prove it. * * * These people want to have laws enacted to make the other people conform to their concepts and recipes out of number. May I say this, that Dr. Frederick Howe, who has written a book dealing with social insurance, in making contradistinctions as to the systems in vogue in the United States and Germany, makes this very significant remark: 'Germany has so strengthened the state as to have de-vitalized the individual.' There is a difference as to concepts of forms of government—concepts of what is best as to the makeup of a people and the government which is established over them, or which they establish. I believe in that class of American citizens who believe in the vitality of the individual, in the vitality of the people as against a strong centralized government, a socialized government."

If we are to have any legislation on this subject it should be after most careful study of existing conditions by each party

interested — employers, employees, insurance men, physicians and labor organization leaders, and if either party is convinced that conditions require remedial legislation, then able representatives of all the parties interested should meet together, discuss every phase of the question and unite on a legislative bill that would be fair and just to all. Such an outcome would prevent friction and benefit all; would tend to prevent the constant tinkering with legislation by theorists, agitators and politicians; lessen the conflict between capital and labor; enable physicians to serve workingmen and all others more easily, sympathetically and efficiently and thereby greatly advance the public's welfare and the interests of humanity generally.

MEDICAL DEFENSE

We call attention to another successful case of medical defense conducted by our State Society—that of Dr. H. L. Harley, an account of which appears on page 476. It is to be noted that this is not a case against a specialist practicing in a large city—as most other cases have been—but against a general practitioner of a smaller town, showing that any physician may be called upon to defend an unjust suit for damages, and demonstrates the value of the medical defense which our State Society has provided for our members who are unjustly charged with malpractice. We caution our members not to let their membership lapse, as the dues are payable on January 1st and should be in Treasurer Mercer's hands soon after that date.

THE DOCTOR'S CONTRIBUTION.

In this world's war, your service is absolutely essential. The medical officer bears the same relative position in war as in peace in that he is a conservator of health and life. Through his skill, thousands of men receiving slight casualties, are returned to the fighting force, thus conserving the physical strength of the army.

In base, field and evacuation hospitals, doctors are as essential as in civil institutions, where the sick and injured are cared for. As regimental surgeons and on transports and in the Sanitary Corps, must the Government have doctors if we are to terminate this war successfully.

Your contribution to your country at this critical time is *your service* which you can give for the period of the war as an officer in the Medical Reserve Corps. That your country needs you, is best answered in that

she is calling you *now*. The fighting forces are constantly expanding and such expansion calls for additional doctors and even with the troops now in training and under mobilization (about two million), the Surgeon-General has not enough doctors to fill the requirements.

Secure an application blank at once; fill it out and present it to your nearest Examining Board. Do not live to regret that you did not have a part in your country's great struggle for democracy which means *Liberty*.

We congratulate the editor of the Kentucky Medical Journal on the interesting, instructive and valuable Historical Number of that Journal issued November 1st. It gives historical sketches of "Some of the Medical Pioneers of Kentucky," by Dr. J. N. McCormick; accounts of the birth of the State Society in 1851; of the annual meetings; of the Medical Schools of Kentucky and other data of historic interest.

We also congratulate the State Society on the splendid record it has made—well worth reporting—as well as on the large number of eminent men, born or developed professionally in Kentucky, who have adorned the profession and served both State and National associations with conspicuous ability. We cannot mention the many names that are worth recalling, but we should not fail to refer to Dr. Ephraim McDowell the first ovariectomist and founder of abdominal surgery, as he was declared to have been by Dr. Samuel D. Gross. Dr. Gross was one of the founders of the Kentucky Association and for many years a professor in one of her medical colleges before going to Philadelphia, as was Dr. Austin Flint Sr., for a few years, before going to New York. State pride leads us to mention another of her great men—Dr. Daniel Drake, of whom Dr. McCormack says: "He was easily one of the ablest and most versatile medical men of his age." He was born in Essex County, New Jersey, in 1785 and went with his parents to Kentucky when very young.

Kentucky has many very able physicians to-day who are maintaining the good record of the past.

It was our great pleasure to visit the Tuberculosis Sanatorium and Hospital at Seacaus last month. Location, equipment and service certainly appear to be ideal to meet present needs, but the near future will require extension in equipment. Drs. B. S. Pollak and his assistants and the nurses are

doing excellent work, as are Drs. G. K. Dickinson, G. H. Sexsmith and the other members of the board of managers.

We were deeply impressed on meeting there some of the Hudson County Board of Freeholders, by the expressions of their deep interest in the work and their desire to extend it. They had a true conception of its value and of their responsibility, as public officials, in making adequate provision for its successful prosecution, for the protection of the public.—The Editor.

We thank Major Kraker and Captain MacDonald, president and secretary respectively, of the New Jersey M. R. C. Examiners, for the list, inserted on page 481 of the physicians of our State who are now in the army medical service. Special attention is called to the fact that the list does not include those who have been in the regular army or navy, or who have been commissioned recently by other examining boards for either army or navy service; nor those serving on local guards or exemption boards. We ask the reporters and secretaries of county and local medical societies, or any of our members, to send to the editor the names of all our members whose names do not appear in the list now published, who are in the service of our country in any of the above-named or other positions, for subsequent lists that will be inserted in our Journal.

The Editor sends hearty Christmas Greetings to every reader of the Journal.

REMEMBER THAT THE ANNUAL DUES ARE PAYABLE ON JANUARY 1st.

JURY ACQUITS DR. HARLEY.

Defended by the Medical Society of New Jersey.

The jury in the case of Henry Prantl of Linwood, Atlantic County, who brought suit for damages against Dr. Halver L. Harley of Pleasantville for his son's death, speedily returned a verdict in favor of the doctor. In the trial which lasted three days, Dr. Harley was submitted to a severe cross-examination by Attorney General Wescott, but was unshaken in his testimony. We have received the following communication from Dr. Harley:

Dear Doctor:

I was defendant in a suit for \$20,000.00 brought against me by Henry Prantl of Linwood which he claimed was the extent of his loss due to the death of his son. The boy died of pneumonia after an illness of eight days, during which time I made 14 visits and had consultation four times. The consultants could not suggest any change in treatment. Yet on

some flimsy charges of "improper medicine and improper instrument" (a hypodermic syringe used to give camphor in oil), I was dragged through court for three days. Shortly after the son's death these people found a "flaming hand, which fell from heaven" on their farm. This they have cherished in their home, under a glass case. I relate this to give you an idea of the people against whom I had to defend myself.

The court submitted the case to the jury after a three days' trial in this way: "Do you find that the treatment administered by Dr. Harley to be the proximate cause of this boy's death?" It took the jury just six minutes to return with the answer "no."

I want to take this opportunity to thank the State Medical Society for the defense they supplied and the individual members of the State and county societies who stood by me with acts of kindness and sacrifice of time. Yours respectfully,

H. L. Harley.

CORRESPONDENCE.

Our Society's Gift for Belgian Children.

October 11, 1917.

Dr. Archibald Mercer, Treasurer
of the Medical Society of New Jersey.
My dear Dr. Mercer:

The Belgian Relief Committee desire to thank the members of the Medical Society of New Jersey for the very generous contribution of \$1,000.00 received this morning to aid the Belgian children. The committee deeply appreciate this contribution, not only for the good it will accomplish, but also for the confidence it implies in the work of the committee.

This money will be forwarded this week through Monsieur de Sadeleer, the Belgian Minister of State, to be used to give some of the children, who are in the most deplorable condition, a visit to Holland, where they will be taken care of, nourished, and nursed back to health. This is the work that the Belgian Government, through its representative, Baron Moncheur, has asked us, specially to aid.

On behalf of the Belgian little children, whom this great kindness will aid, will you thank the members of the Medical Society of New Jersey, who have made possible this most generous and encouraging gift.

Very sincerely,

I. I. B. HENRY, Chairman.

From the Minister of State for Belgium.

Dear Dr. Mercer:

I have received, through the courtesy of Mrs. Bayard Henry, Chairman of the Belgian Relief Committee of Philadelphia, a check for \$1,000, which has been given by the Society of which you are the treasurer, to be affected to the relief of "La Sante de l'Enfance." I am arranging to forward this money to Belgium very soon. Kindly express to your honored president and to the members of your Society, the deep appreciation for this gift, which will insure health and comfort for debilitated Belgian children.

Let me assure you that your gift will be most welcome. As Mrs. Henry has explained to you and as you will see by the enclosed copy of the translation of a report of "La Sante de l'Enfance," debilitated children are sent into

Holland, there to regain their strength and their vitality, and are returned in a better condition to withstand the privation and lack of proper nourishment, from which they have to suffer in invaded Belgium. In helping them to do so, you help the future of the nation. I wish to add that "La Sante de l'Enfance" and another relief for little children, "L'Oeuvre Belge du Lait pour les Petits," besides sending children to Holland, arrange to send them to healthy districts in Belgium itself, where homes have been organized to take care of them, and give them the same advantages as they would get if they went to Holland. They also take care of them in their own homes.

With again many thanks and with best wishes for the prosperity of your society, believe me,

Sincerely yours,

L. de SADELEER,
Minister of State for Belgium.

There are at present more than one million little children in the invaded areas of Belgium who are living in the greatest misery and have to be assisted. A great many of them are threatened with tuberculosis and physical decrepitude, owing to insufficient nourishment.

La Sante de L'Enfance, whose mission is to take care of these children, was founded in July, 1916, and thanks to the devoted co-operation of M. van Vollenhoven, Charge d'Affaires of the Dutch Government in Brussels, this committee has been able to send 2,633 children during the last few months, to spend some time in Holland. All were chosen among the most debilitated and weak.

Report.—On August 10th, 1916, the committee sent 68 children to Holland. These children were chosen among the weakest and most anemic ones in Brussels. The results were surprising; the older ones had gained from 8 to 10 pounds and the smaller ones from 4 to 5 pounds. The children were entirely changed. A month of fresh air and over-feeding had stopped glanders and eliminated the dread of tuberculosis. Six hundred and sixty children left for Holland on September 2nd and returned home on September 30th. All of them had gained weight and were much altered..

Nine hundred and twenty-three left for Holland on October 3rd and 229 on October 18th. Health reports received regarding all of the children sent, advise us that most of them have gained from two to four pounds in two weeks. The children who return, not only have gained health, but have received many useful gifts from our neighbors who were touched by their misfortune. Most of them had new shoes of real leather and warm winter clothing. By the end of November, about 2,633 children will have been benefited by a vacation in Holland. Mr. de Sadeleer has recently received personal information that the work is also successful in invaded Belgium. A relative of his has arranged to have always from 60 to 80 children at his country house near Namur, bearing himself all their expenses. But hundreds of other houses must be provided in healthy districts for the children, besides food, etc., and expenses are very high. It has also been arranged to have members of the committee visit the families who care for children in their own homes.

Special War Items.

Dr. Paul M. Andreae Escapes Drowning.

Dr. Paul M. Andreae of Jersey City, who entered the naval medical reserve corps immediately after the declaration of war and who was a surgeon on the U. S. patrol steamship *Alcedo*, which was sunk by a U-boat a few weeks ago, has cabled to his father in Jersey City that he was among those who escaped drowning. (A letter from the doctor will be given in next month's Journal).

Patriotic Physicians of Murphysboro.

Dr. Charles Molz of Murphysboro, Ill., writes that Murphysboro is a city of 9,000 people, and that of the seventeen physicians in the city, thirteen have taken the examination for the Medical Reserve Corps. Of the remaining four, two were too old, one a lady, and the other was physically disqualified. Of the thirteen physicians who applied, nine were accepted and four were rejected. Six of the nine are now on active duty.

Millions of Surgical Dressings Needed.

The following cable has been received at National Headquarters from Major Grayson M. P. Murphy, head of the Red Cross Commission in France: "The Red Cross has direct responsibility for supplying us with surgical dressings, and nothing in the whole situation here is equally important. Red Cross standard dressings in millions must be sent over with all possible speed. If this is not done and done immediately, a serious calamity and national disgrace is inevitable. The American women who compose the Red Cross chapters should prepare with all the enthusiasm and speed possible the dressings which are going to mean life and death to our men. This whole question deals with the most vital thing that the women of America can do for the soldiers in this war."

Cuban Red Cross.—The Cuban Red Cross Society, of which Mme. Mariana Menocal, wife of the President of Cuba, is chairman, has begun the work of equipping a 100-bed hospital unit, manned by a staff of Cuban physicians and nurses, for active service on the western front in France. This enterprise, which will reach completion at an early date, is to be financed by a fund of \$1,000,000, which Cuban women have set themselves out to raise.

Number in Medical Reserve Corps.

On October 12, there had been recommended for commissions in the Medical Officers' Reserve Corps approximately 17,500 physicians. About 1,200 of these finally declined to carry out their declared intention to accept commissions, and a few over 200 officers have been discharged for one cause or another, most of them because of physical disqualifications. Slightly over 13,500 have accepted their commissions. This number does not include, of course, the officers of the regular medical corps and of the medical corps of the National Guard, over 2,000 in all.

Up to November 15 there were approximately 12,500 medical men in active service. This includes Medical Corps officers (a little less

than 550), medical officers of the National Guard Army, and officers of the Medical Reserve Corps. Up to date approximately 17,900 physicians have been recommended for commission in the Medical Reserve Corps.

Colonia Soldiers' Hospital.

The large military hospital in the open rolling country at Colonia, below Rahway, will soon be underway. The surgeon general's department of the War Department has selected the site and plans for the equipment will soon be completed. The plant will be used as a "reconstruction hospital," that is, cripples will be taken there and their hurts treated by the advanced surgical methods of replacement that have been developed by Dr. Blake, Dr. Carrel and other experts at the large hospitals in back of the French lines.

The estimates of the cost of the hospital total \$1,000,000.

Hospitals at the New Army and National Guard Camps.

Provisions for caring for the health of the soldiers have been made by the Medical Department of the Army in the form of thirty-two hospitals at National Army and National Guard camps. In addition is the enlargement of some thirty hospitals used in connection with officers' training camps, taking over or construction of at least two general hospitals at ports, the increase in the size of two other general hospitals and the building or taking over of a number of general hospitals to be used for special treatment work. The aim of the Medical Department is to have hospital provision for five per cent. of the enlisted force, and to increase that to ten per cent. Abroad facilities for twenty per cent. of the American expeditionary force will be provided.

At cantonments hospital provision is made for three per cent. of the troops at each camp. A complete modern hospital has been constructed at each, containing at least 1,000 beds. Hospitals at National Army camps are costing approximately \$500,000 each, and at National Guard camps, where heating is not required, and sewer connected plumbing is not used, about \$400,000. This brings the total cost of the thirty-two hospitals to about \$14,500,000. Each hospital has equipment equal to that of the best institutions in the country, although the construction of the buildings is of much cheaper quality.

War Hospital on Staten Island.

Surgeon-General Gorgas has announced the selection of Fox Hill, S. I., as the site of a military receiving hospital from which wounded American soldiers will be distributed to the reconstruction and rehabilitation hospitals soon to be established. It will have a capacity of from 1,500 to 2,000 beds for our soldiers who are disabled in service of their country, who will there undergo thorough physical and mental examination by medical officers, a complete history will be made of each case, and requirements of the individual cases studied. Then, as soon as this is completed, the men will be transferred to a general or special treatment hospital. They will be given special training for new occupations under the direction of

vocational experts, and on their discharge the government will assist them in returning to their proper places in industry.

Columbia University War Hospital.

The Columbia University War Hospital, given to the Government by Columbia University, is the first of the war hospitals to be completed, and is now ready to handle the wounded. The hospital contains 500 beds, and is so constructed that in case of need it may be enlarged considerably. The buildings all are portable, and could be sent over the seas or to any part of the United States in case of need. In addition to the buildings, small portable units will be kept on motor trucks ready for immediate dispatch to any place where accident of any kind might necessitate care of wounded. In this hospital medical students will receive instruction in the care of war wounded based on the experience of American and foreign soldiers in the present war.

American Women's War Hospitals Unit.

The American Women's Hospitals, of which Dr. Rosalie Slaughter Morton is chairman, was organized by the War Service Committee of the Medical Women's National Association of the United States. Women physicians to the number of 1,200 have registered with the committee, for home and foreign service. Already a number of physicians have been sent abroad to work under the authority of the American National Red Cross with which the American Women's Hospitals works in close co-operation.

Physician Volunteers for Base Hospital Units.

Dr. J. C. Bloodgood says: There seems to have been no difficulty in getting the required personnel for the base hospital units. In fact, the volunteers for places in these units have far exceeded the number required. I am informed on the most accurate authority that a large number of well-qualified physicians and surgeons who have applied for positions with base hospital units and who could not secure such positions because the quota was filled, have not made requests for commissions in the Medical Reserve Corps.

To volunteer for a base hospital unit commits the individual as to his personal availability. If he is physically fit and has the proper qualifications to serve with a base hospital, he has burned his bridge behind him, and can offer no legitimate claim for exemption.

The Soldier Death Rate.

Dr. Woods Hutchinson, the American medical writer, addressing the Royal Society of Medicine in London, presented data which shows an almost incredible degree of surgical efficiency in the allied armies, and a correspondingly incredible lowering of the military death rate.

"There is every reason to believe," he says, "that the total death rate per annum in this war doesn't exceed 5 per cent. of the total number of individuals engaged. Of the allied soldiers who survive wounds six hours, 90 per cent. recover. Of those who reach a field hospital, 95 per cent. recover, and of those who arrive at base hospitals, 98 per cent."

And they don't survive, to drag out a pain-

ful and futile existence. "The percentage of cripples on permanent discharges is the smallest known in history," he says. "There are fewer amputations proportionately than ever before. The wounds of war have been made less deadly than we could have imagined possible."

And this in spite of high explosive shells, shrapnel, machine guns, trench bombs, liquid fire, poison gas and all the other horrors of this unparalleled conflict. Manifestly, the "deadliness" of the fighting has been exaggerated. As we learn now, it has been exaggerated purposely as part of the pro-German propaganda, to scare Americans. The new weapons and methods of warfare are horrible, indeed. It is hell in the trenches. But it's reassuring to learn how bravely and cheerfully the fighters endure that hell, and how many of them come forth from it unscathed.—Hackensack Evening Record Editorial.

Physicians Financial Objection to Volunteering.

Dr. J. C. Bloodgood, Major M.O.R.C., U. S. Army, in a recent circular says:

The chief reason given by a young well-trained physician for not volunteering his services is financial. I have studied this in detail in the group of Johns Hopkins graduates in the Southern states. I hope shortly to publish this statistical investigation. I have suggested to these men to try to form a partnership, so that if they go, the increased earnings of the partner left at home will meet the financial obligations of both. In a few instances this partnership has been satisfactorily arranged, and splendidly trained and physically fit men have entered the corps. Their practice is being taken care of either by a man aged over fifty-five or one physically unfit.

Training in Orthopedic Surgery.

The following, from Major E. G. Brackett, M.O.R.C., in charge of the Orthopedic Group in the Office of the Surgeon-General, portrays the great opportunity for young men who desire to get special training in orthopedic surgery:

Plans thus far made by the Department of Orthopedic Surgery to the Surgeon-General affords the following opportunities:

A Present: I. For those already having orthopedic training there is now available: (a) The position of attending orthopedic surgeon in various training camps, for consultation, examination and treatment in orthopedic conditions; and (b) the position of assistant orthopedic surgeon abroad. At present a limited number of men are being sent abroad for special training in military orthopedic surgery in England; they will at least in large measure, be transferred to France as soon as our hospital facilities there are available. II. For men with a surgical but no orthopedic training, courses of intensive instruction in the fundamentals of orthopedic surgery, of about six weeks' duration, have been arranged at various universities. A great many men have already applied for this course. These men will be given further training, either here or abroad, so as to be ready for service in the orthopedic division in France or in the reconstruction hospitals in this country.

B. Future: I. The number of men needed in

the orthopedic service in France will be large. II. Plans for the reconstruction hospitals to be erected in this country naturally contemplate a large orthopedic service. This will require a very large number of men of both the groups mentioned above. The work will be similar to that now being done in England under the guidance of Sir Robert Jones. The opportunities afforded are felt to be unusual.

Opportunities similar to those outlined by Major Brackett are offered in brain surgery, oral plastic surgery, and roentgenology. These departments organized in the Surgeon-General's Office, are under the direction of Major A. C. Christie, x-ray group; Captain Charles Bagley, Jr., brain group; Captain V. P. Blair, group for plastic oral surgery.

Protection Against Venereal Disease.

On September 29, Senator Weeks reported a bill from the Committee on Military Affairs for the protection of military and naval forces, the aim being to guard these forces from physical and moral injuries of commercialized prostitution. It was read the first time by its title and the second time at length, as follows:

Be it enacted, etc., That it shall be unlawful to keep or assist in keeping a place of prostitution to which any person known to be a member of the military or naval forces of the United States is admitted or to admit any such member to such place, or to knowingly rent or in any manner allow the use of any place for acts of prostitution with any member of such military or naval forces. No person shall solicit or seek to induce any person known to be a member of such military or naval forces to enter any place of prostitution or to consort or cohabit with any prostitute. Knowledge that a person is a member of the military or naval forces of the United States may be prima facie established by proof showing that the accused had knowledge that at the time or recently before the commission of the offense the person alleged to be a member of such military or naval forces was wearing the uniform of such military or naval forces. Whoever shall violate any of the provisions of this section shall be guilty of a misdemeanor and shall be punished by a fine of not more than \$1,000 or imprisonment not more than one year, or by both such fine and imprisonment.

Sec. 2. That it shall be unlawful for any person who has been convicted of disorderly conduct, delinquency, soliciting for prostitution, or any other sexual offense, without having first obtained permission from the proper military authorities, to loiter in or around a military camp, fort, navy yard, or place of training or mobilization. Any such person present in or around such camp, fort, navy yard, or place of training or mobilization, without authorization or military permission, may be ordered to depart by the civil or military authorities having jurisdiction therein. Any person failing to depart when so requested shall be guilty of disorderly conduct and shall be punished by a fine of not more than \$100 or imprisonment of not more than 60 days, or by both such fine and imprisonment.

The bill was considered as in committee of the whole, reported to the Senate, one amendment ordered to be engrossed for the third time, read the third time, and passed by the Senate.

Dr. Woolsey's Experiences in France.

We give portions of a letter written by Dr. William Woolsey, a captain in the N. Y. Presbyterian Hospital Unit in France. Dr. Woolsey formerly resided in Jersey City, where his parents still live. It gives us some idea of the splendid work and the bravery of our American doctors who are serving their country and humanity abroad.—Editor.

"For some weeks past I have been trying to find the mental liberty to write you the letter I promised to write before I left home May 14. I say trying to find the mental liberty, for this hell country over here has a way of so paralyzing your mind for every thing except the enormous amount of energy to do and dodging of Boche bombs, that to sit down and write anything seems impossible. The mental paralysis of the first few weeks under fire can never be imagined by any but those having had the experience. Especially the horror of bomb raids at night.

"Our No. 2 Base Hospital Unit, of which, you may remember, George E. Brewer was surgical head, has taken over completely, British No. 1 General Hospital on the English Channel, coast of France, and they are now busy at that job under the British Army. We were loaned, so to speak, to the British Government, as was the other complete hospital unit sent over last spring as the vanguard of our American Army. It seems odd to see, as we do over here, Crile, Cushing, Hart of Philadelphia, Peck, Murphy of St. Louis, and all those men so familiar at home. They are all as busy as our reputation with the British for hustle demands.

"Our base hospital work is, of course, only that of any large military hospital, except that we have to run the whole town in which the hospital is situated. The food question at a base hospital may be best expressed by saying that I would give my month's army pay for a good ear of sweet corn and some genuine butter; and oh, for a dish of decent oatmeal for breakfast. At the front food is much more varied and plentiful than at the base.

"Of much more acute interest than anything so far behind the fighting forces are the events of my present location in one of the Casualty Clearing Stations. The British Government, early in July, asked each one of the base hospital units to furnish one or two operating teams that could be sent in emergency up to the front to do the operative work, which is so enormous in amount during any special activities. Our hospital nominated Major Brewer and myself as one team, with a nurse and orderly, and Major William Darrach with assistant as another. * * * Our orders at first called for a three or four days' stay, consequently, we traveled with knapsack only. It is now six weeks since we left home and we are still living out of those knapsacks.

"The surgery of a casualty clearing station is a marvel of complexity, horror, interest and executive difficulty. The amount may be simply terrific; I shall never forget the long lines of groaning or morphined patients awaiting their turn to be put on the table. The task simply seemed hopeless. Seven tables were going night and day; we worked sixteen hours on and eight hours off in rush times.

"Yesterday Sir William Osler's son, 23 years old or less, was found in the line of stretchers.

Fortunately for the comfort of the father at home in England, his personal friends, Crile Cushing and Brewer, were all at the son's side in an hour, and even though prompt operative measures were skillfully carried out, including a transfusion by Crile, the extent of injury to Osler's descending colon was so great that he died in a few hours. So it goes; on any one of the muddy, dirty, blanket-covered stretchers may be friend, the brother, the High Chancellor's son, yet all take their turn in the terrible mill, and hardly a word of comment marks the highest in the land from the lowliest Scot in his soiled, blood-stained kilties. The scene of Osler's burial was one to bring tears to the eyes of the hardest. Away off, somewhere in France, in a field ankle deep with clay and the rain falling, solemnly came the stretcher, covered with the Union Jack. As it slowly made its slippery way toward the water-filled excavation that must do for all graves, Cushing, Brewer, Darrach, Mitchell and Packard of Philadelphia and myself standing rainsoaked with our hats over our left shoulders, with the bugle sounding the 'Last Post,' our thoughts went out to England to the crushed Sir William, and even to a future when similarly the sons of Brooklyn must thus make the great sacrifice—the terrible, unnecessary, useless, criminal sacrifice. Oh, Germany, thou has much to answer for!

"Besides surgery and sadness and spirit at this spot we have the mighty bombing raids of the boche airplanes which cannot be included under any of these headings. Rather one would call it 'Twenty-first Century Hell.' I have been near enough the front line of trenches to slip into dugouts occupied by the Germans only a few days previously, but the shells and gunfire here, bad as they were, had none of the peculiarly terrorizing effect that airplane bombs and torpedoes have as they drop out of a black sky, without any warning and chance to duck that shells give you.

"One night a week ago, being on night duty, I was plumb in the middle of a radical knee joint operation * * * when, in rapid succession, three of the most terrific explosions occurred. The lights went out. We all dropped to the floor; every bit of glassware in the place rattled to the floor; then momentary silence; then the groans from the neighboring camps, the rushing of people here and there with stretchers—the realization of a catastrophe in the night! I finished the knee joint operation with the aid of pocket electric lights and put it up temporarily. Three bombs had hit about twenty yards from the operating theatre and one dud (a shell that fails to explode), had dropped not more than six yards from my operating table just outside the door. If it had exploded I should not be writing this letter. We fixed up the wounded as they were brought into the theatre. For three nights the Hun bombed the C. C. C.'s all about us, and we would not be human if our state of mind were other than shockingly disorganized. Twice he has made direct hits in our C. C. S., the first night blowing our mess cook house and cooks to nothing but a few pieces of twisted iron and a big twelve-foot hole in the ground where the cook house used to be. The cook's liver lay up against my bell tent wall. At this party Brewer's nurse, Miss McDonald, had a small piece enter her eye and she had

to lose it. She was in her tent on her cot, and in reaching out for her hat (helmet), the piece must have caught her.

"Major William Darrach, who was at C. C. S. 47, a short distance away, happened to be playing cards in the tent, when his bell tent and every possession he had blew up from a direct hit on his little home. He has a shredded U. S. Army coat and a few other things of interest, also full of holes, to bring home with him. Crile's servant was instantly killed running down the duck boards after handing Crile his helmet. America can stop this horror of the air. It is only a question of who has the most planes. We must have a host of them. Honestly, no man at home should sleep a peaceful night until he has done his utmost to push the idea of airplanes. Think of what a thousand of them over Germany would mean—horror, of course, but it takes horror to stop horror. Your American men lie under this infested sky every night, in face of death, and every day is an eternity. Push, push, push the airplane campaign. America has the chance of her existence. She can wipe Germany off the map and stop this hell. You all at home don't know what it is and I hope you never shall.

NEW JERSEY DOCTORS IN THE ARMY.

The medical profession of this State has most loyally supported the government in its appeal for medical officers and while we have not as yet reached our quota, the appended list of names shows that the spirit of patriotism beats strong in the hearts of the doctors of New Jersey and that the glorious past history of the medical profession of our State is being nobly sustained.

Many have been examined and recommended for commissions but it is impossible for the Examining Board to determine how many have accepted the commission sent to them, neither can we give at the present time the names of all of the doctors in the army and navy from this State, as the navy medical officer would not come before this Examining Board and quite a few have been examined by the Pennsylvania and New York Board of Examiners, the records of the last mentioned board have not been sent to us.

Up to the present time, November 23rd, we have a record of 487 names of physicians serving their country or who have been recommended for commissions, or a total of over 15 per cent. of the listed number of physicians in the State of New Jersey. According to the latest directory there are 3,239 physicians in New Jersey, and inasmuch as quite a few are serving in the navy, who would not as before mentioned, come before the New Jersey Board for examination, it is logical to presume that even a greater number than 15 per cent. are in the service or have been examined and recommended for commissions.

The new draft, shortly to be placed in operation, will mean the re-examination of those previously examined, including physicians, and it is logical to presume that a doctor would, of choice, desire to serve as a commissioned officer than otherwise.

The attached list which I hand you, is for-

warded at the direction of Major D. A. Kraker, president of the Examining Board.

J. MacDonald, Jr., M. D., Capt. M. R. C.,
U. S. A., Sec'y Medical Exam. Board
for N. J.

Atlantic County—Captain J. Gurney Williams; Lieutenants: David A. Berner, Richard Bew, J. C. Bitler, C. L. Bossart, M. Chester, F. R. Corson, T. Craven, Edward Guion, H. L. Harley, J. E. James, Percy C. Joy, J. B. Latham, W. E. McIlvaine, T. McMillan Jr., S. Prioleaux, N. Quinn, W. O. Roupe, C. H. D. Shivers, S. L. Salasin, J. L. Sooy, S. Stern, C. Surran, H. G. Thigpen, H. C. Vilreck, J. Wallis, G. B. Weinberg, S. E. Weiner, A. A. Westcott, E. M. Wile.

Bergen County—Majors: Valentine Ruch Jr., James T. Wyckoff; Captains: J. N. Teeter, William L. Vroom; Lieutenants: P. E. Brundage, W. C. Craig, J. K. Crandall, J. B. Edwards, E. P. Essertier, P. G. Fagone, Frank Freeland, N. S. Garrison, P. A. Groff, W. F. Keating, Paul O'Brien, E. C. Reynolds, R. W. Rodman.

Burlington County—Major R. E. Sievers; Lieutenants: J. S. Conroy, M. W. Curran, L. B. Hollingshead, P. M. Kerr, A. P. Lore, J. MacFarland, L. E. B. Peace, W. E. Rink, J. B. Wintersteen.

Camden County—Major Albert B. Davis; Lieutenants: William Bates, C. F. Becker, J. A. Beek, James Breslin, W. J. Burks, Leslie H. Ewing, W. H. Haines, H. B. Dean, John J. Haley, Grant E. Kirk, Thomas K. Lewis, Leslie C. Lyon, Alex MacAlister, Fred W. Marcy, P. W. Mavey, J. S. Miller, A. C. Moon, T. W. Phillips, E. S. Ramsdell, W. H. Robbins, A. B. G. Reader, Edward B. Rogers, G. S. Spence, J. L. Shoemaker.

Cape May County—Lieutenants: J. Morgan Dix, E. A. Draper, J. S. Knowles, Samuel McClary, J. H. Whitaker.

Cumberland County—Lieutenants: Irving E. Charlesworth, Ralph R. Charlesworth, W. Leslie Cornwell, Elton S. Corson, M. R. Faulkner, W. P. Glendon, C. R. Lummis, M. F. Sewall, Charles M. Gray, L. F. Hatch, H. P. Webb, H. F. Wescott, John H. Winslow.

Essex County—Majors: James S. Brown, Wells P. Eagleton, Ralph H. Hunt, David A. Kraker, Jean F. Wolfs; Captains: Maurice Asher, George Blackburne, Jasper W. Coghlan, D. H. Crawford, James T. English, George B. Gale, Joseph MacDonald Jr., Henry B. Orton, Elbert S. Sherman, Martin J. Synnott; Lieutenants: A. B. Abramovitz, G. C. Albee, F. A. Alling, C. D. Altman, M. S. Avidan, A. G. Baldwin, T. M. Barber, G. T. Barklow, J. A. Belott, C. G. Berardinelli, C. W. Buvinger, J. H. Brothers, Robert Buermann, A. C. Bush, D. R. Campbell, F. F. Carman, H. V. Comando, Philip Conlon, W. W. Cox, C. M. Dane, M. Dobin, Samuel W. Dodd, Ambrose F. Dowd, A. J. Ellis, W. T. Elmore, G. B. Emory, C. Englander, E. F. Fitzpatrick, M. A. Flower, B. A. Furman, N. Furst, Ernest Gennell, H. J. Gilbert, D. N. Golann, A. J. Gordon, A. M. Greenwood, G. E. Hahran, G. Harben, T. W. Harvey Jr., G. Horax, E. W. Ill, C. S. Janifer, J. A. Keiger, N. E. Lee, W. C. Liebman, J. D. Lippincott, H. A. Lowenstein, T. S. McCabe, J. S. McCormick, F. N. Mandeville, J. L. Meeker, J. M. Michalski, R. J. Mullin, R. Nattoli, Frank W. Pinneo, A. C. Reeves, G. S. Reitter, Chas. Rich, G. H. Richards, E.

N. Riggins, Chas. Ritz, Harry Rogers, S. Roth-
erberg, A. Rothseid, L. C. Russell, O. L. Sands,
William Satterer, R. L. Schimmelphennig, B.
J. Silverstein, A. S. Smith, H. G. Smith, H. S.
Smith, W. C. J. Sterling, L. C. Thompson, A.
F. Thompson, W. R. Tilton, Grant Thorburn,
J. M. Vanderhoof, G. W. Vauatta, G. B. Ver-
beck, F. H. Van Hoffe, H. J. F. Wallhauser,
F. C. Webber, L. B. Whitman, L. D. Whitney,
E. L. Wood, B. F. Wooding, J. J. Young, A.
C. Zehnder.

Gloucester County—Lieutenants: S. Camp-
bell, H. B. Chalfant, W. P. Chalfant, V. E. De
Grofft, Elias M. Duffield, R. T. Fox, Ralph R.
Hollinshead, O. A. Wood, C. D. Pedrick, M. R.
Lummis, W. M. Priest, M. F. Soule.

Hudson County—Major Joseph M. Rector;
Captains: Lucius F. Donohue, Widmer E.
Doremus, Richard Hirsch; Lieutenants: Hugo
Alexander, P. M. Andreae, C. H. Ball, F. Bar-
tone, Joseph Binder, A. G. Bising, J. Blum-
berg, C. S. Brady, W. A. Brady, H. V. Broeser,
W. T. Callery, J. S. Cobham, S. A. Cosgrove,
L. M. Coulter, L. A. Denis, P. S. Duffey, H. R.
Dukes, J. L. Evans, N. F. Feury, Z. P. Fletcher,
Oscar C. Frundt, G. Ginsberg, W. H. Goldstein,
H. A. Granelli, E. W. Goodman, J. Heilbrum,
J. C. Hughes, M. G. Keeler, Henry Klans, E.
Klein, J. J. Lettier, L. L. Lewis, A. W. Little,
K. E. McCamey, G. E. McLaughlin, C. E. Mc-
Nenney, F. K. MacMurrrough, H. H. Martin, J.
L. Mathesheimer, W. W. Maver, Donald Miner,
A. J. Newman, J. E. Pagenelli, John Pellarin,
F. W. Pike, Louis E. Poole, W. S. Prost, F.
J. Quigley, J. G. Rea, E. W. Roberts, J. Rosen-
berg, A. Ruskin, A. G. Sacco, M. Shapiro, F.
S. Sherwood, H. J. Spaulding, R. Stewart, J.
P. Stout, J. R. Stroud, T. F. Sullivan, W. L.
Thompson, H. T. Von Deesteen, K. Wallack, M.
J. Weiss, C. L. Vreeland, Joseph Wechler, J.
L. Wilson, J. F. Zenneck.

Hunterdon County—Lieutenants: E. East-
wood, A. T. Floyd, Morris H. Leaver, Leon T.
Salmon, A. G. Sheppard, Louis C. Williams.

Mercer County—Major Henry A. Cotton;
Lieutenants: Charles F. Adams, H. Baldauf, C.
Browne, William A. Clark, Henry B. Costill,
J. W. Crane, J. E. Donelsbeck, E. A. L. Dick-
inson, P. J. Dovety, Elam K. Fee, L. L. Fried-
man, Edgar B. Funkhouser, J. L. Gariss, H. I.
Goslin, D. L. Hagerty, C. N. Harper, W. A.
Hickman, C. H. Holcombe, M. B. Kirkpatrick,
I. W. Knight, P. S. Mallon, M. L. Potts, J. E.
Procter, Martin W. Reddan, L. H. Rogers, J.
P. Sands, F. G. Scammell, S. Scheinman, R.
S. Seibert, C. J. Slack, E. D. Silver, R. P. C.
Truitt, Irvine F. P. Turner.

Middlesex County—Lieutenants: W. T. Bull,
W. J. Condon, Alfred L. Ellis, G. W. Flithian,
A. Gruessner, Edward K. Hanson, A. G. Hil-
liard, B. W. Hoagland, A. La Roe, John L.
Lund, John J. Mann, Herbert W. Nafey, B. F.
Slobodien, J. V. Smith, J. F. Weber.

Monmouth County—Captains: A. R. Jarrett,
Peter P. Rafferty; Lieutenants: H. M. Ander-
son, F. G. Angeny, Harvey S. Brown, D. S.
Carey, H. B. Dorr, B. E. Failing, W. G. Hunt,
R. L. Leighton, W. A. Newbold, H. J. Oliver,
J. W. Parker, G. W. Potts, J. J. Rowland, W.
D. Rowland, W. H. Slocum, F. G. Strahan, W.
S. Tilton, Herman Trager, E. C. Wagner, J.
T. Welch, L. D. Wise.

Morris County—Major George H. Lathrope;

Lieutenants: L. M. Collins, James B. Griswold,
Louis K. Henschell, W. G. McCormack, W. A.
McMurtrie, C. J. Massinger, El'ery N. Peck, F.
H. Pinckney, R. R. Reed, William D. Sayre,
E. F. Scrygley, F. H. Seward, W. J. Summers,
F. H. Thorne, Harry Vaughan, F. C. Young.

Ocean County—Lieutenant-Colonel William
G. Schauffler; Lieutenants: C. A. Conover, E.
E. S. Corrigan, H. B. Disbrow, L. H. Sparks,
Otto C. Thompson.

Passaic County—Major John C. McCoy;
Captains: Andrew F. McBride, Frank Y. Neer;
Lieutenants: Theodore T. Bender, J. A. Botti,
J. H. Carlisle, W. H. Carroll, Thomas A. Clay,
T. V. Connolly, E. Cosini, A. M. Curtis, J. G.
Donnelly, W. A. Dwyer, A. F. Graham, E. L.
Griggs, Orville R. Hagen, J. J. Halnan, Walter
B. Johnson, L. M. Kellerer, S. E. Levine, N. P.
Lobsenz, R. N. MacGuffie, Charles R. Mitchell,
Charles J. Murn, J. J. Seymanski, M. L. Simon,
L. M. Suchoff, Arthur H. Temple, F. H. Todd,
C. Vander Clock, F. J. Van Noort, Harold G.
Walker, A. H. Ward, William J. Whalan, M.
Wishnak, J. W. Williams.

Salem County—Captain C. E. McDonald;
Lieutenants: Norman H. Bassett, G. L. Cook,
J. M. Coombs, M. S. Black, H. L. Cooper, R.
M. A. Davis, B. Dodson, S. R. Fairchild, D. W.
Green, W. T. Hilliard, E. H. King, C. M. Lam-
born, J. F. Reeves, Claude W. Thomas.

Somerset County—Lieutenants: J. Howard
Cooper, Lancelot Ely, F. L. Field, R. F. Hage-
man, A. A. Lawton, W. L. Nixon, J. L. Ross.

Sussex County—Captains: Blase Cole, Joseph
G. Coleman, Albert N. Jacob; Lieutenants:
Henry J. Harp, F. H. Morrison, Thomas L.
Pellett, Herbert E. Riddell.

Union County—Major Harold D. Corbusier;
Captains: A. W. Lamy, William H. Lawrence
Jr.; Lieutenants: C. Pates, M. G. Bensley, P.
DuBois Bunting, E. Cornwall, C. E. Filkins,
Leo E. Froomes, George E. Galloway, A. J.
Ganley, Julius Gerendasy, F. B. Gilpin, James
S. Green, Z. L. Griesemer, E. S. Krans, Horace
R. Livengood, J. S. Mark, C. R. Marone, W.
I. Merlis, T. M. Morris, Stephen T. Quinn,
Charles H. Schlichter, Fred W. Sell, W. W. Sis-
erson, Frank Steinke, M. Vinciguerra, J. E.
Williams.

Warren County—Lieutenants: H. C. Mellick,
J. M. Torrence Jr.

We have given the above names of all the
members of the Medical Reserve Corps of the
U. S. Army appointed from New Jersey, ac-
cording to the list furnished by Drs. Kraker
and MacDonald of the New Jersey Examining
Board. Placing them under the various coun-
ties instead of alphabetically as given in the
list received. Our object in so doing is to en-
able the reporters to send the editor promptly
notice of any mistakes, or of any names that
have been omitted, especially of the latter in
cases where physicians have entered the ser-
vice in the U. S. Navy, as their names are not
given in the above list. Some were doubtless
examined by the Philadelphia, New York, or
other examining boards whose names do not
appear above.

It is our purpose to insert another list early
in the coming year, giving only the names
of members of the Medical Society of New Jer-
sey who are in the service of our country, and
we desire it to be full and accurate.—Editor.

Therapeutic Notes.

Tinnitus Aurium.

Tinct. cimicifugae, ʒij.

Aquae, ʒij.

M. Sig.: Teaspoonful three times a day.

Pyrosis.

Quin. sulphatis, gr. xij.

Ac. sulphurici dil.

Spts. chloroformi, aa ʒij.

Tr. aurantii cort, q.s. ad. ʒij.

M. Sig.: Teaspoonful in water three times a day.

Tr. nucis vomicae, ʒij.

Acidi nitrici dil, ʒv.

Syr. zingiberis, q.s. ad. ʒij.

M. Sig.: Teaspoonful in water three times a day.

Nausea of Pregnancy.

Tr. cantharidis.

Tr. ferri chloridi, aa ʒj.

Aquae, ʒij.

M. Sig.: Teaspoonful in water three times a day.

Laryngitis—Chronic.

Dr. Boulai has employed the following for the treatment of laryngitis of the chronic type:

Tincture of eucalyptus, 50 g.

Tincture of benzoin, 25 g.

Tincture of iodine, 1 to 2 g.

Menthol, 2 g.

Beech tar, 5 g.

One teaspoonful is added to boiling water in an inhaler and inhaled.—*Jour. de Med. et de Chir. prat.*, July 10, 1917.

Treatment with Iodin.

Douglas H. Stewart, in *Am. Medicine*, recommends the following iodine preparations:

(1) To be applied to wounds:

Calomel, gr. j.

Sodium chlorid, gr. ij.

Iodin crystals, gr. iij.

A few drops of ether

Liquid paraffin, gr. 1500.

(2) For internal administration, especially when streptococcus viridans is demonstrable in the blood:

Tincture of iodine, fʒss.

Fowler's solution, fʒj.

Water, q. s. ad., fʒiv.

Filter. One dram after meals, well diluted.

(3) For Burns:

Calomel, gr. j.

Sodium chlorid, gr. ij.

Iodin crystals, gr. iij.

Carron oil, q. s. ad., fʒij.

Do not think that the rule that the bowels should move every day is a rule from heaven which must under no circumstances be broken. It is better to go a day without movement, than to worry yourself mentally and irritate your bowels by improper and excessive cathartics during the day. If the bowels failed to move one day, no matter. Don't worry, and take a laxative in the evening or the following morning. The autotoxemia business has been greatly overdone.—*Critic and Guide*.

Pituitrin in Obstetrics.—Dr. A. J. Skell, in the *Ohio State Jour.*, gives the indications and contra-indications for pituitrin. He says it has three distinct fields of usefulness in obstetrics: (1) To terminate the second stage of labor when no reason exists for delay except insufficient uterine activity, and provided the head has reached the pelvic floor. This includes the second child in twin labors. (2) Dilatation of the cervix when used before complete dilatation. (3) To limit the bleeding in cases of marginal placenta previa, and in Caesarian section. Its possibilities for harm may be summarized as follows: (a) Rupture of the uterus if obstruction of any nature exists; (b) laceration of the cervix when used before complete dilatation; (c) laceration of the perineum when precipitate labor is caused by a full dose; (d) occasionally its use results in tetanic uterine contractions, somewhat resembling those produced by ergot, with consequent asphyxiation of the child.

Before pituitrin is used the following conditions should be fulfilled: (1) Complete cervical dilatation. (2) The membranes must be ruptured. (3) The presentation must be longitudinal. (4) There should be no disproportion. (5) The presenting part must be completely engaged. It is a good plan to use pituitrin in fractional doses, 0.33 to 0.5 c.c., and repeat them when the effect wears off. This reduces the risk of uncontrollable action. If pituitrin causes excessive pain, either chloroform or ether should be administered. It has been used as a galactagogue and as a substitute for the catheter in post-partum urinary retention.

Hospitals, Sanatoria, etc.

Morristown Memorial Hospital.

This hospital will receive \$100,000 under the provisions of the will of the late Mrs. Mary W. Harkness of New York City.

St. Mary's Hospital, Orange, will receive \$200 as a legacy from the estate of Miss Gormley, late of that city.

Fire in Elizabeth General Hospital.

A fire in the Blake Memorial, a maternity ward of the General Hospital at Elizabeth, early on the morning of November 18 caused damage estimated at \$2,000.

Trenton Municipal Hospital.

This hospital containing 55 patients was burned November 6. All the inmates escaped. The loss was stated to be \$40,000.

Bayonne Hospital Receives Thanks.

Rear Admiral Nathaniel Usher, U. S. Navy, commandant of the Third Naval District, recently sent the Board of Managers of the Bayonne Hospital the following: "The commandant desires to express his high appreciation of the aid and comfort that was given to the injured members of the United States ship Chingachgook, S. P. 35, on the morning of July 31st, 1917. Had it not been for the prompt and efficient service rendered by your hospital to these badly injured men, their recovery would have been very materially delayed, and

would not have been so complete, as these men are again in active service, without a trace of the injuries for which they were attended at the Bayonne Hospital."

Hackensack Hospital.

At a recent meeting of the Medical Board, Dr. Edgar K. Conrad was elected president and Dr. Fred S. Hallett secretary and treasurer.

This hospital has recently given a practical demonstration of food conservation. The housekeeper has put up for winter use 1,075 quarts of vegetables and fruits, mostly from the hospital garden. The hospital keeps seven cows which supply most of the 65 quarts received daily.

The Erie Railroad Hospital Car.

The Erie Railroad has what is declared to be the first National Army hospital car, which has been designed and standardized by its mechanical department. It was developed from a suggestion made by Dr. David Orr Edson of New York. It probably will be used to transport sick soldiers from the various cantonments to the base hospitals. The main portion of the car contains seven two-story cots on each side. It has regular hospital equipment and provision is made for doctors and nurses.

Millville Hospital.

The Women's Hospital Auxiliary's annual "Donation Day" for the hospital in October was unusually successful; over 1,660 jars of canned fruit, vegetables, jellies and pickles; 125 pounds of sugar and numerous other useful gifts were received besides \$300 in money.

Middlesex General Hospital, New Brunswick.

The new building erected by the hospital authorities has recently been completed at a cost of over \$60,000; it adjoins the old hospital building and is connected with it by a well-lighted corridor on the basement floor and a passageway also on the main floor. It is a three-story and basement structure of brick, fireproof. It was opened to the public for inspection on the afternoon and evening of November 17th, and large numbers availed themselves of the opportunity. This Hospital—then the John Well's Memorial—was erected by Mrs. Wells in 1889; that year it had 19 patients; the number kept steadily increasing until in 1916 the patients numbered 728, so that the demand for more adequate facilities and largely increased room necessitated the erection of the new structure. The accommodations for increased numbers have not only been secured for the men's, women's and children's wards but there are 22 private rooms in the building and the large babies' room on the third floor equipped with everything needed for the care of the baby.

The whole structure is a model of modern building methods and equipment and will give broader scope to the good work the hospital is doing.

West Jersey Homeopathic Hospital.

It was recently announced that the authorities of this hospital are making plans to place 40 beds at the disposal of the United States for

the care of ill and wounded soldiers returned from foreign battlefields in response to inquiries from the Surgeon General's office.

A New Portable Hospital.

Experiments are being made, under State auspices, with a new portable hospital devised by Dr. W. A. Brooks of Boston, of the State Guard. It consists of four collapsible buildings, is at present located on an elevation near Brookline, Mass. The portable buildings can be taken down, packed, and transported by means of motor trucks in a very short time. The entire outfit is designed with a view to moving it to a scene of emergency in the briefest space of time possible and at the same time providing a complete hospital equipment.

Presbyterian Hospital, Newark, Training School

The third annual commencement of this school was held on the evening of Nov. 26, when four nurses received diplomas from Dr. S. E. Robertson, medical director of the hospital, and Dr. J. B. Morrison gave the greeting to the class.

Bonnie Burn Sanatorium.

Superintendent J. E. Runnells, M. D., presents the following report for October: On Oct. 1 there was 155 patients in the sanatorium, 97 males and 58 females. Twenty-three patients have been admitted during the month, 14 males and 9 females. These are classified as follows: Incipient cases, 3; moderately advanced, 5; far advanced, 15; total, 23.

The largest number of patients present during the month was 158, smallest number 148. The daily average enrollment was 152.3.

Epileptic Village, Skillman.

The report submitted to Governor Edge by Dr. David F. Weeks, superintendent of the State Village for Epileptics at Skillman, for the fiscal year which ended October 31, was the first report for the year received in the Governor's office.

During the year 701 patients were registered at the institution, being an increase of forty-two over last year's figures.

The report shows that the per capita cost of maintenance during the fiscal year 1915-16 was \$333.53, while during 1916-17 the per capita was reduced to \$319.06, or a decrease of \$14.47. This was due in a large measure to the farm products raised at this institution. So great was the production of farm products that after paying all the expenses of the farm, purchasing hay and grain for the dairy and interest on money invested, the yield netted in clear profit to the institution \$13,099.98.

High Cost of Drinking Empties Hospital.—

The City Hospital of St. Louis is said to be without a patient in the alcoholic ward and no patient was sent in for treatment during a period of over forty-eight hours. The daily average number of patients in the ward during the last year has been about fifteen, with a high record of forty-five. This shortage of patients is attributed solely to the high cost of liquor.

(See Hospitals under Special War Items).

Marriages.

GOULD-BLACK.—At Watertown, Conn., November 10, 1917, Dr. J. Howard Gould of Bayonne, to Miss Mabel Grace Black of Watertown, Conn.

GOULD-STEDMAN.—At Atlantic City, N. J., October 3, 1917, Dr. George M. Gould to Miss Laura Stedman, both of Atlantic City.

ILL-WHITE.—At Nutley, N. J., November 3, 1917, Dr. Edmund Waldemar Ill of Newark, to Miss Eleanor Frances White of Nutley.

STICKLES-LUCAS.—At Rensselaer, N. Y., October 31, 1917, Dr. Lloyd Chapin Stickles of Newark, to Miss Ethel Christina Lucas of Rensselaer.

Deaths.

ALLERS.—In the Post-Graduate Hospital, New York City, October 30, 1917, Dr. Henry Allers of Harrison, N. J., aged 61 years.

Dr. Allers was born in New York in 1856; graduated from the N. Y. University Medical College in 1881; began practice in Hoboken but soon removed to Harrison, where he had since lived. He was deputy county physician of Hudson County for twenty-five years; was a member of the Harrison Board of Health; one of the managers and treasurer of the Soldiers' Home at Kearny.

He began his military career July 25, 1888, when he was commissioned first lieutenant and assistant surgeon of the former First Regiment, N. G. N. J. He was with the command during the Spanish-American War; was named medical officer with the rank of first lieutenant March 23, 1892, and battalion assistant surgeon March 30, 1893; was commissioned captain July 25 and was advanced to surgeon with the rank of major April 7, 1898; after the war he became brigade surgeon and in August, 1917, Governor Edge appointed him surgeon-general of the new State militia.

He was a member of the Hudson County Medical Society, of the Medical Society of New Jersey, of the American Medical Association, and first vice-president of the Association of Military Surgeons of the United States. He was also a member of the Pension Board of the Civil and Spanish-American War Veterans. He is survived by two daughters and three grandchildren; his wife died in 1911.

DINGEE.—At Burlington, N. J., October 10, 1917, Dr. Charles Dingee, who graduated from the University of Pennsylvania School of Medicine in 1887.

GARRISON.—At Atlantic City, N. J., October 23, 1917, Dr. Howard C. Garrison of Camden, N. J., from nephritis, aged 53 years.

Dr. Garrison graduated from the Hahnemann Medical College, Philadelphia, in 1894; was a member of the staff of the West Jersey Homeopathic Hospital, Camden.

GRISWOLD.—At Morristown, N. J., October 24, 1917, Dr. James Brown Griswold, aged 47 years.

Lieutenant Griswold returned home on sick leave from Camp Dix, Wrightstown, on October 21, when pneumonia and meningitis developed and caused speedy death. He had been chief sanitary officer of the camp, was attached to the base hospital there and had been recommended for a captaincy.

He was born in Lyme, Conn., in 1879; was of a family that included two Governors of the State. A brother, who was serving as a major in the army, was killed in the Philippines, and another brother is a lieutenant in the Coast Artillery.

Dr. Griswold went to Morristown in 1899. In addition to being identified with Memorial Hospital, he was a member of the Morris County Medical Society, the Medical Society of New Jersey and the American Medical Association.

Dr. Griswold volunteered the day after the United States entered the world war. Commissioned May 21, Dr. Griswold was called to Camp Dix July 20 and there rendered service that led to the recommendation for his promotion. The physician studied at Yale College, New York, and the College of Physicians and Surgeons and received his medical degree from Dartmouth College Medical School in 1893. He was on the staff of the Morristown Memorial Hospital and was gynecologist of Roosevelt Hospital, New York.

GUTHERSON.—At Paterson, N. J., November 22, 1917, Dr. William F. Gutherson, from pneumonia, aged 39.

Dr. Gutherson was born in 1878; graduated from the College of Physicians and Surgeons, New York City, in 1904.

He was a member of the Passaic County Medical Society, the Medical Society of New Jersey and the American Medical Association and of the New York Pathological Society; was a member of the staff of St. Joseph's Hospital, Paterson.

KUDLICH.—In Hoboken, N. J., November 10, 1917, Dr. Hans Kudlich, aged 94 years.

Dr. Kudlich studied medicine in Berlin and Switzerland and was banished from his country for having taken part in an abortive revolution in Germany. He was one of the founders of the Hoboken Academy of Medicine.

SAWYER.—At Vineland, N. J., November 17, 1917, Dr. Waldo F. Sawyer, aged 52.

Dr. Sawyer graduated from the Jefferson Medical College in 1890. He was a member of the Cumberland County Medical Society, the Medical Society of New Jersey and the American Medical Association; was a former mayor of Vineland and a coroner of Cumberland County.

SULLIVAN.—In Roosevelt Hospital, New York City, December 1, 1917, Dr. John J. Sullivan of Passaic, N. J., aged 53 years.

Further notice will be given next month.

Now that we are able to definitely establish a diagnosis of chancre by smear and by blood test, there is no longer any reason why a genital "primary sore" should not be excised. On the contrary, the prompt removal, by this means, of its many contained spirochete is highly desirable.—Amer. Jour. Surg.

Personal Notes.

Dr. Charles F. Adams, Hackensack, has been appointed a member of the medical staff of Hackensack Hospital.

Dr. Thomas Earber, Phillipsburg, has been re-elected as State Senator for three years.

Dr. J. G. Louis Borgmeyer, Bayonne, and wife spent last month in Porto Rico.

Dr. George B. Emory, Newark, Lieutenant M. O. R. C., was ordered to report October 31, at the Walter Reed General Hospital, Washington, D. C.

Dr. Frank Freeland, Maywood, has been commissioned a major in the Medical Reserve Corps.

Dr. Altamont L. Gordon, Burlington, read a paper before the Amer. Eleutherapeutic Ass'n in September on "Hypertension; Its Early Recognition and Treatment."

Dr. Fred C. Jones, Basking Ridge, recently returned from a visit of a month in Mexico.

Dr. Henry B. Orton, Newark, was elected a Fellow of the Academy of Ophthalmology and Otolaryngology at the annual meeting held in October.

Dr. Bert A. Prager, Chatham, has been appointed gynecologist and obstetrician of All Souls' Hospital, Morristown.

Dr. George H. Sexsmith, Bayonne, spent a few days in the West last month. He attended the Clinical Congress of Surgeons of North America held in Chicago, Ill.

Dr. Philip Marvel, Atlantic City, has been appointed chief medical aide to Governor Edge with the rank of major. He will assist the Medical Advisory Boards on the forthcoming draft.

Dr. Ferd. E. Riva, Milltown, has recently recovered from a severe illness requiring hospital care and treatment. He had been attending the Congress of Surgeons at Chicago and subsequently the Mayo clinics at Rochester, Minn.

Dr. Edward A. Ayres, Branchville, will move to Franklin this month.

Dr. W. Leslie Cornwall, Bridgeton, lieutenant in the M. R. C. who is stationed at Newport News, recently spent a few days at home.

Dr. I. Edward Gluckman, Newark, has opened an office for the diagnosis and treatment of tuberculosis on Tuesdays and Fridays, on Madison avenue, corner 58th street, New York City.

Dr. Frederick S. Hallett, Hackensack, and wife recently spent a few days at Blue Point, Long Island.

Dr. M. W. Newcomb, Brown's Mills, has been assigned to duty as a member of the tuberculosis examining board at Camp Dix.

Dr. John L. Lund, Perth Amboy, lieutenant M. R. C., is in training at Fort Oglethorpe, Ga.

Dr. Robert E. Soule, Newark, captain M. R. C., has been assigned to duty at Fort Myer, Va.

Dr. John K. Adams, Orange, Lieutenant, is with the Motor Ambulance Co. No. 33, at U. S. Service Camp, Allentown, Pa.

Dr. George B. Gale, Newark, who is at Fort Oglethorpe, resigned as a trustee of the N. J. Automobile and Motor Club, but his good work in the past prevented its acceptance.

Dr. Leonard F. Hatch, Vineland, recently received his commission as lieutenant in the M. R. C.

Dr. Charles S. Jones, Camden, has been ap-

pointed a manager of the Glen Gardner Sanatorium.

Dr. Charles H. Mayhew, Millville, recently escaped serious results from a collision of his automobile with a trolley car, he received several bruises.

Dr. Richard C. Newton, Montclair, had a paper in the N. Y. Medical Journal recently on "Tuberculosis Treated by Tuberculin."

Dr. Edwin C. Pechin, Camden, has been appointed a manager of the Tuberculosis Hospital at Ancora.

Dr. W. A. Pinkerton, Bayonne, and wife spent a week last month with relatives in Virginia.

Dr. Edwin Steiner, Newark, and wife spent a few days recently at Atlantic City.

Dr. Alva A. Swayze, Hackettstown, has been appointed a surgeon of the Erie Railroad in place of the late Dr. St. John.

Dr. M. J. Weiss, Bayonne, has resigned as secretary and treasurer of the City Medical Society, as he expects to go to France soon for service.

MEDICAL EXAMINING BOARDS' REPORTS.

	Exam.	Passed	Failed
Arkansas, May	45	40	5
California, April . . .	56	40	16
Connecticut, July* . .	4	4	0
Iowa, June	29	29	0
Minnesota, June . . .	35	35	0
Mississippi, June . . .	19	15	4
Oklahoma, July	21	18	3
Virginia, June	65	60	5
Washington, Jan. . . .	34	27	7
Wisconsin, June	45	43	8

*By the Eclectic Med. Exam. Board.

Public Health Items.

Establish throughout our crowded cities the sanitary toilet, and on every tenth block let there be a urinal, that we may perform a physiologic act without paying tribute to the saloonkeeper.—Medical Review of Reviews.

Newark Board of Health.

This board reports the death rate of Newark for October as 12.2 per 1,000 population as against 12.6 for previous month and 13.2 for October, 1916. The total number of deaths was 417. There were reported 175 cases of tuberculosis; 183 pneumonia, broncho and lobar; 114 diphtheria, 231 whooping cough, 198 mumps, 72 measles, 57 scarlet fever and 17 typhoid fever cases. In the Tuberculosis Division, 158 children and 100 adults were treated at the clinics. In the Child Hygiene Division there were 176 new cases of babies supervised and of expectant mothers 63, in October; 66 supervised mothers were delivered in October with no deaths of mothers and there were no babies who died under one month.

Prenatal Instruction to Mothers.—The Weekly Bulletin of the Department of Health of New York City, for October 13, quotes statistics to show that if we are to make further progress in reducing the infant mortality rate it must come through concerted effort directed

against deaths from congenital diseases, and during the first month of life. Feeling that this is the work of the future, the Health Department has organized a special group of nurses to instruct mothers during the period of pregnancy in all matters pertaining to home and personal hygiene, diet, and all matters which make for healthier mothers and more vigorous children, and for a reduction in the number of stillbirths.

We believe the value of the work organized by the N. Y. Health Department has been demonstrated by the results of the Newark Board of Health work under Dr. Levy's directorship.—Editor.

U. S. Census Bureau Mortality Report.

Figures made public by the census bureau on Nov. 27, predicated on vital statistics regarding seventy per cent. of the country's population, show the deaths caused in 1916 by heart disease numbered 114,171, tuberculosis 101,396 and pneumonia 98,334. Accidental deaths numbering 60,071 are ascribed chiefly to railroad and automobile accidents. There were 10,162 suicides last year, the rate falling far below the average for the last ten years. Of 8,240 deaths caused by firearms, 3,386 were suicidal, 3,241 homicidal, and the rest accidental.

Tell the Patient.—Before the discovery of the fact that tuberculosis is a communicable disease there was greater reason for keeping the diagnosis secret. Before its curability was established it was a serious thing to tell an individual that he had tuberculosis, for it meant the pronouncing of his death sentence. To-day the withholding of this information pronounces the death sentence, not only on the afflicted, but also on some of his friends and dear ones.—S. J. Dtehan, M. D., Monthly Bulletin, Philadelphia Department of Public Health and Charities.

Prevalence of Cancer.

Cancer is one of the chief causes of death. The annual mortality in the United States is estimated at 80,000, compared with about 150,000 deaths from pulmonary tuberculosis. While the "great white plague" prevails at all ages, cancer is essentially a disease of adult life. At ages over 40 cancer causes one death out of eight among women and one out of every fourteen among men. Of the 80,000 estimated deaths from this disease in our country at all ages during 1915, approximately 67,000, or 84.5 per cent., occurred at ages of 45 and over.

The Automobile as an Instrument of Death.

An upward trend in the mortality from automobile accidents is, possibly, to be expected in view of the steadily increasing use of these vehicles. Nevertheless, the continuously climbing death rate is deserving of more than passing notice. In the registration area in 1915, 3,978 persons were killed by automobiles. In 1914, only 2,826 suffered death in this manner. The death rate rose from 4.3 per hundred thousand population to 5.9, an increase of 37 per cent. Had there been seventy-five more deaths from automobile accidents in the registration area, more people would have died in

this manner than through surface cars, subway trains, elevated trains, bicycles and all horse-drawn vehicles combined.

Street Accidents Increase.—There have been in New York during the last six months 12,284 street accidents, as against 10,593 for the corresponding period in 1916. There was a 20 per cent. increase in accidents last June as compared with June, 1916. The report of the commissioner of highways just published shows that 63 per cent. of the accidents are recorded between noon and 8 o'clock in the evening, as compared with 24 per cent. between 4 and 8 A. M. This increase in the number of accidents has prompted Police Commissioner Woods to make an appeal to merchants, manufacturers and truckmen requesting them to have the bulk of their heavy hauling done between 4 and 8 A. M., causing a better distribution of traffic.—Exchange.

We believe a much more important preventive measure would be the strict enforcement of law regulating the speed of autos on our city streets and especially the high rate of speed of motorcycles.—Editor.

Causes of Death That Need Revision.

There is a quart of truth in that old jingle about "A little nonsense now and then," etc. If it were not for this occasional nonsense, the vital statistics recorder would have a dry time indeed. Here are samples of some of the things he finds on death certificates under the heading Cause of Death. These are bona fide instances:

"Went to bed feeling well, but woke up dead."

"Died suddenly at the age of 103. To this time he bid fair to reach a ripe old age."

"Do not know cause of death, but patient fully recovered from last illness."

"Deceased had never been fatally sick."

"A mother died in infancy."

"Died suddenly, nothing serious."

"Pulmonary hemorrhage — sudden death (Duration four years.)"

"Kicked by horse shod on left kidney."

"Don't no. Died without the aid of a physician."

"Deceased died from blood poison, caused by a broken ankle, which is remarkable, as his automobile struck him between the lamp and the radiator."

"Blow on head with ax. Contributory Cause — Another man's wife."

Disease Incidence in China.—Tuberculosis is the greatest disease plague in China, as it is one of the greatest in the west. Next to tuberculosis rank the venereal diseases. Closely following are the parasitic water-borne disease, as the typhoids, dysenteries and cholera. It is hard indeed to trace any acquired or inherited lack of susceptibility to these in the Chinese. They are undoubtedly as common if not more common than in the west. In fact, practically all of our western diseases flourish luxuriantly in China and usually claim a mortality higher than with us.—Dr. Alfred C. Reed, Scientific Monthly.

Books Received.

All books received will be mentioned by title with the names of their authors, publishers, etc., and this will be considered by the committee as sufficient acknowledgment to the publishers. Selections will be made for review as the merits of the books or the interests of our subscribers may warrant.

"Nutrition and Clinical Dietetics," by Herbert S. Carter, M. A., M. D. Associate Clinical Medicine, Columbia University; Associate Attending Physician to the Presbyterian Hospital; Consulting Physician to the Lincoln Hospital, New York.

Paul E. Howe, M. A., Ph. D. Assistant Professor of Biological Chemistry, Columbia University, New York.

Howard H. Mason, A. B., M. D. Instructor in Diseases of Children, Columbia University, New York; Associate Attending Physician to the Presbyterian Hospital; Attending Physician to the Ruptured and Crippled Hospital, New York.

Published by Lea & Febiger, Philadelphia and New York, 1917. Price, \$5.50. This volume of 546 pages is one of the best that has ever come to the knowledge of the reviewer, on this very vital subject, and the data contained in its pages are of inestimable value to both Surgeon and Internist who will peruse and profit by the teachings of the authors, who bring to their labors ripe experience and apparently knowledge gained in laboratory and at the bed side. It can be confidently recommended to all seeking such enlightenment themselves. A. A. S.

"Medical War Manual No. 1.—Sanitation for Medical Officers," by Edward B. Vedder, M. D., Lt. Col. Med Corps, U. S. A. Published by Lea & Febiger, New York and Philadelphia, 1917.

This little pocket-sized volume of 206 pages, with blank pages for extra notes appears to be a valuable aid in putting such data as may be useful to Medical Officers as a guide for sanitary work, in an available and compact form and while primarily intended for army sanitarians it makes interesting and profitable reading for stay-at-homes also. A. A. S.

"Nostrums for Kidney Diseases and Diabetes."

Prepared and issued by the Propaganda Department of the Journal of the American Medical Association. 47 pages; deals with 34 nostrums; illustrated. American Medical Association, 535 North Dearborn street, Chicago. Paper, 10 cents prepaid.

This is the latest pamphlet issued by the Propaganda Department of the Journal of the American Medical Association as part of its work in giving the medical profession and the public the facts regarding different phases of the nostrum evil and quackery. Nostrums for kidney disease and diabetes are grouped together in one pamphlet, not because there is any essential relation between diabetes and kidney disease, but because the average quack makes no distinction between the two conditions and recommends his nostrum indiscriminately for both. It is not necessary to tell physicians that drugs will not cure either kidney disease or diabetes but it is necessary to apprise the public of this fact. Whatever justification there may be for the sale of home remedies for self-treatment, there is no excuse, either moral or economic, for selling preparations recommended for the self-treatment of

such serious conditions as diabetes and kidney disease. Every "patent medicine" sold for the cure of these diseases is potentially dangerous and inherently vicious. The pamphlet is an interesting and instructive one to put in the hands of the layman.

Genito-Urinary Surgery and Venereal Disease,"

by Edw. Martin, A. M., M. D., F. A. C. S.; John Rhea Barton, Professor of Surgery, University of Pennsylvania; Benjamin A. Thomas, A. M., M. D., F. A. C. S., Prof. Genito-Urinary Surgery in the Polyclinic Hospital and College for Graduates in Medicine; Instructor in Surgery, University of Pennsylvania and Sterling W. Moorhead, M. D., F. A. C. S., Asst. Surgeon to the Howard Hospital, Philadelphia, Pa.

Tenth Edition, Illustrated with 422 Engravings and 21 Colored plates. Published by J. B. Lippincott Co., Philadelphia and London.

Eye, Ear, Nose & Throat. A manual for Students and Practitioners—by Howard Chas. Ballinger, M. D.; Professor of Otolaryngology in the Chicago Eye, Ear, Nose & Throat College; formerly Instructor in Otology, Rhinology and Laryngology in the University of Illinois School of Medicine; and Attending Otolaryngologist to the West Side Free Dispensary, Chicago; and Otolaryngologist to Chicago Graduate School of Medicine, etc., etc., and A. J. Wipperf, M. D.; Attending Oculist and Aurist to St. Elizabeth's Hospital, Chicago; formerly Professor of Ophthalmology and Otology, Chicago, Eye, Ear, Nose & Throat College; and formerly Assistant Surgeon to Illinois Charitable Eye & Ear Infirmary, etc.

New second edition, revised. Illustrated by 180 Engravings and 8 Colored plates. Published by Lea & Febiger, Philadelphia and New York, 1917.

This manual is a guide which can be safely followed by the student, the general practitioner, or the specialist. The simpler and less serious affection have been given in full detail as to their diagnosis and treatment, and the orderly sequence in which these topics are taken up should afford the reader a properly correlated conception of the entire subject. H. B. Orton, M. D.

Annual Report of the Surgeon General of the Public Health Service of the United States, for the fiscal year 1916. Washington.

NEW AND NON-OFFICIAL REMEDIES.

Since publication of New and Non-official Remedies, 1917, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Non-official Remedies":

Gastron.—A solution of the gastric tissue juice obtained by direct extraction from the mucosa of the fresh stomach of the pig. It contains 25 per cent. by weight of glycerin, 0.25 per cent. absolute hydrochloric acid, and 1 Cc. is capable of dissolving 200 Gm. of coagulated egg albumin. Gastron is designed for use in disorders of gastric function. Fairchild Bros. and Foster, New York (Jour. A. M. A., Aug. 25, 1917, p. 645).

OFFICIAL TRANSACTIONS

OF THE

ONE HUNDRED AND FIFTY-FIRST ANNUAL MEETING

At Atlantic City, N. J., June 11, 12 and 13, 1917

The publication of these Transactions has been delayed by the long continued severe illness of the Secretary

Monday, June 11, 1917, 3 P. M.

MEETING OF THE HOUSE OF DELEGATES.

The President called the meeting to order at 4 P. M.

The President: I suppose I have a right to apologize for the Board of Trustees for having kept you detained here so long without any entertainment.

The President: The first order of business is the Report of the Committee on Credentials, by Dr. Harry A. Stout, Chairman.

The Secretary: Dr. Stout has asked me to report for him that there are sufficient men from sufficient counties represented on the registration book to constitute a quorum of the State Society for the transaction of business.

The President: Presentation of the minutes of the 1916 meeting. On motion the minutes of the 1916 meeting as published in the Journal of September, 1916, were approved.

The President: Report on Permanent Delegates.

Report on Permanent Delegates.

At the close of the 1916 annual meeting the Society had 149 permanent delegates, two having resigned at that meeting: Thomas W. Harvey, Second Vice-President, and Gordon K. Dickinson, Third Vice-President.

During the year five have died: Richard H. Parsons of Burlington, Henry L. Coit, L. Eugene Hollister and Joshua W. Read of Essex, and Fred M. Corwin of Hudson.

To fill these vacancies Burlington nominates Elias R. Mulford, and Essex nominates Theodore Teimer, Frank W. Pinneo and Mefford Runyon to fill the places respectively of Henry L. Coit, L. Eugene Hollister and Joshua W. Read.

Your Secretary holds the credentials of Elias R. Mulford, Theodore Teimer and Frank W. Pinneo, executed in proper form, and moves their election as permanent delegates.

Respectfully submitted,

Thomas N. Gray, Recording Secretary.

The President: You have heard the motion as made by your Secretary. What is your pleasure?

Dr. Thomas W. Harvey: I move the Secretary cast a ballot for these nominees for permanent delegates. Seconded and carried.

The Secretary: The Secretary has cast a ballot for Drs. Teimer, Pinneo and Mulford.

The President: The gentlemen mentioned are elected as permanent delegates from their respective component societies.

A Member: Should not Dr. Runyon also be elected?

The Secretary: His credentials have not been presented.

The President: Report of the Committee on Arrangements.

The Secretary: I move that the Report of the Committee on Arrangements be deferred until to-morrow morning's meeting of the House of Delegates. Carried.

The President: Report of the Committee on Program, Thomas N. Gray, Chairman.

The Secretary: Your committee reports the program in your hands as the Report of the Program Committee. There have been a number of criticisms made this morning on the fact that we began the meeting of the Society this afternoon, and to end on Wednesday night. The meeting was left in the hands of a committee of the Board of Trustees, the President and your Secretary, and the secretary of the Board of Trustees, and it was decided that as in the past, Thursday morning meetings have been as a rule a farce, as far as the scientific program is concerned; the majority of the members proceeding home by the first train they can after the banquet Wednesday night, so that the members on the program to read papers at that meeting have not more than a baker's dozen to listen to them, and in addition important business has often been transacted at this Thursday morning meeting by a small representation of the House of Delegates, to try the experiment of ending the meeting with the banquet. The program committee presents this program as the result of our deliberations with the chairman of the Scientific Committee, and move its adoption as the order of business for the meeting of the House of Delegates and General Session.

The President: You have heard the report of the chairman of the Program Committee.

What is your pleasure? Seconded that the program be accepted as the order of business. Carried.

The President: Report of the Committee on Scientific Work, Dr. Geo. N. J. Sommer chairman.

Geo. N. J. Sommer: This committee has very little to report beyond what appears in the stated program of this meeting, except that of the total number of reporters of the various component societies, two-thirds have reported. Several of them made the suggestion that these reports of the reporters be abolished. As far as the scientific work of the component societies is concerned, it has been of about the same character as in previous years.

On motion report ordered received.

A Voice: Are you going to act on the suggestion of the chairman, that the reports be abolished?

The President: That will be a matter to be taken up under New Business, as abolishment of the Reporters' annual reports will have to be done by an amendment of the By-laws. Report of the Corresponding Secretary.

The Secretary: I move it be deferred.

The President: Moved, that the Report of the Corresponding Secretary be deferred until the next meeting of the House of Delegates. Seconded and carried.

The President: Report of the Recording Secretary.

Report of the Recording Secretary.

I have the honor to report for the year ending June 11th, 1917, as follows: Membership, June 20th, 1916, 1,700.

New members, 99. Reinstated, 13. Total gain, 110.

Resignations, 7. Removals from the State, 4. Deaths, 22. Dropped for non-payment of dues, 53. Total loss, 86. Net gain, 26. Total membership, 1,726.

The number of new members and the net gain are the smallest in five years, while the delinquent list is the largest in that period.

Six county societies elected no new members. twelve elected together, 33, the remaining new members being credited to three societies, with 34, 17 and 13 respectively. Mercer is the banner county of the year: electing 13 new members, reinstating 1, and having no delinquents, and a consequent gain of over 22%. Burlington, Camden, Gloucester, Hunterdon, Ocean, Salem, Somerset, Sussex and Warren also have no delinquents.

The number of physicians in the State increases every year more than does the membership of the State Society. The majority of this increase each county could be drawn into the county society by an energetic committee on membership.

Over the loss by death, resignations and removals there can be no control, but over the loss by delinquents there can be, and the hold-

ing of old members is quite as essential as is the gaining of new members, in the effort to make the membership of the State Society commensurate with the number of eligible physicians in the State.

Your Secretary knows personally all of those dropped for non-payment of dues, and can state as fact that had county treasurer backed up the effort of the Secretary's office by a personal call, or by a telephone call, "do it now," the delinquent list would not have been over 10.

Respectfully submitted,

Thomas N. Gray, Recording Secretary.

The President: It has been moved and seconded that this report of the Secretary be received and adopted. Carried.

Report of the Board of Trustees.

The Board of Trustees met at the Trenton, House, Trenton, N. J., January 13, 1917, seven trustees being present. In the absence of the chairman, Dr. T. W. Harvey was elected chairman pro tem.

Dr. English, chairman of the Committee of Arrangements of the Sesqui-Centennial Celebration of the Society, presented that committee's final report. It showed that while the Society had voted the committee \$500 for expenses and an additional net amount of \$150 had been expected from the local committee at Asbury Park from exhibitors' rentals, that the committee had drawn on the State Society's treasurer for only \$350 and that \$228.10 had been received from the local committee; that after paying all expenses the General Committee had paid back to the State Society's treasurer \$171.38 of balance and also had on hand banners costing \$60 and two dies that cost \$23, which were available for subsequent uses. The total amount paid for entertaining guests was \$190.41; for invitations, including dies, \$70.40; expenses of the members of the committee covering a period of two years—from the date of its appointment, was \$71.71; incidentals, \$29.98. The chairman stated that the accounts of Treasurer Marsh of the committee had been carefully examined and were found to be correct.

Dr. English also reported that as chairman he had drawn on the treasurer of the State Society for \$110, which the Board of Trustees had unanimously voted for a silver loving cup to be presented to Dr. Mercer in recognition of his 25 years of service as treasurer of the State Society, which cup was presented at the 150th anniversary banquet. He presented vouchers to show the cost of cup and engraving. These reports were accepted and approved.

The place and date of the 151st annual meeting was then considered; the general consensus of opinion was that it should be held the second week in June as able speakers could be obtained, who would be at the A. M. A. meeting, New York, during the first week in June. It was finally decided that Drs. English, Marvel and Gray should be appointed with full power to select both time and place for the meeting.

On the request of the A. M. A. that our State Society should appoint a delegate to the A. M. A. Congress on Medical Education, Public Health and Medical Licensure, Dr. H. B. Costill of Trenton was appointed such delegate and \$75 was appropriated for his expenses.

A lengthy discussion took place on the selection of some suitable memorial of the 150 years of the Society's existence, as suggested at the Sesqui-Centennial Celebration, after which President Marvel was requested to appoint a committee, of which he should be a member, to consider the matter and report at a subsequent meeting. The president subsequently appointed the following: Drs. D. C. English, C. M. Gray, W. Blair Stewart, Thomas N. Gray, Alex MacAlister, O. H. Sproll, E. B. Grier, G. H. McFadden and G. W. Cummins.

At a meeting of the Board of Trustees held at Atlantic City, June 11, 1917, ten members being present, Dr. Edward J. Ill was re-elected chairman and Dr. D. C. English re-elected secretary. Treasurer Mercer reported that on January 1, 1917, there was a balance on hand of \$6,030.42. Drs. C. R. P. Fisher and Alex. Marcy Jr. were appointed to audit the treasurer's accounts. Dr. T. N. Gray read his report as secretary and also reported on permanent delegates. The reports printed in the May and June Journals were approved. Dr. D. C. English was re-elected editor of the Journal for the year beginning July 1, 1917, at the same salary as last year. Mr. Otto J. Strasser was thanked for services rendered the Publication Committee. The following recommendations were made to the House of Delegates: 1, That \$1,000 of the Society's funds be donated to the American Red Cross, New Jersey Division; 2, that the treasurer be directed to purchase for investment from the balance of funds in his hands three registered U. S. Government Liberty Bonds; 3, that the dues of members of the Society for the ensuing year—due January 1, 1918—be two dollars; 4, that the dues of all members who enlist in the medical service be remitted during their absence in the service of the country; 5, that the banners used at the Sesqui-Centennial Celebration of the five counties whose centennial anniversaries were also celebrated on that occasion, be presented to the respective county societies.

Respectfully submitted,

David C. English, Secretary.

The President: The recommendations in this report come under the head of New Business. I shall, therefore, refer the report to the Business Committee for a subsequent report. The Committee on Business will meet at their earliest convenience in the room below, where the Board of Trustees met this afternoon. I hope every member of this committee will be present.

The President: We should like to have the Business Committee report upon this matter under the head of New Business, if possible, later this afternoon. I will announce the personnel of the Business Committee: Ralph H. Hunt, chairman; Emery Marvel, James M. Reese, David F. Weeks, George H. Sexsmith, and as Dr. Hunt is not present, I would like to have the committee name its own chairman to act until Dr. Hunt is present.

The President: Report of the Delegates to the American Medical Association.

Dr. Edward Guion: Dr. Lalor has a report to make, but he is not present now. Dr. Lalor, Dr. Halsey and myself were present at the meeting, but I would like to move that this report be deferred until the next meeting of the House of Delegates.

The President: If there is no objection, the report will be deferred until the next meeting.

The President: Report of the Committee on Standardization of Hospitals, Dr. J. C. McCoy, Chairman.

Report of the Committee on Standardization of Hospitals.

Your committee has visited 47 hospitals. It is with great pleasure that we are able to say, this afternoon, that there has been a very considerable amount of improvement in the condition of the general hospitals throughout the State during the past year. We think that the improvement has been due to the suggestions which your State committee has made to the hospitals from time to time during their visits of the past three years.

We have found, with absolutely no exceptions, that the lay boards of the various hospitals have been intensely interested in the work of this committee; they have been willing, at all times, to follow out any suggestion which the members of this committee have made to them in reference to improving the service in the hospitals. Of course, we have made no suggestions to the hospital authorities which are not incorporated in the little pamphlet which most of you have seen, namely, the minimum standard for hospitals of the State as adopted by the State board of medical examiners. In this they have set down certain requirements, as you know, designating what they are pleased to term a minimum standard hospital. From hospitals attaining this standard the examining board are willing to accept medical interns for examination. Owing to the strenuousness of the times and the financial considerations and conditions of the hospitals during the past year, many of them have not been able to meet certain of the requirements of the State Board of Medical Examiners. However, we have found, in the course of our investigation, that, as I said before, almost without exception any suggestions made by this committee to the lay boards have been eagerly taken up by them and, so far as they were able financially, carried to a successful completion. I am sorry to say that we have found our greatest difficulty has been with the medical profession of the State. We find, for instance, one very important item in our hospital work is the historical data of the patients. Without any exception whatever, I think I am safe in saying, every hospital management has placed at the disposal of their staff ways and means for the taking of and caring for historical data. Some more perfect, I grant you, than others; but practically in no institution is there lacking facilities for taking histories, if the medical and surgical men on the staff were willing to take them. The hospitals have the necessary record sheets and charts and a filing system, but we cannot get the men on the staff to attend to the taking and recording

of histories, and we don't know how to get them to do it. So we come before you this afternoon to plead with the medical profession of the State to co-operate with these lay boards of manager, and see if they cannot perfect their historical data in the hospital, so that by the next visitation of the State committee or of the State Board of Medical Examiners, as the case may be, this one item may be brought up to a somewhat different standard from what it is to-day.

We have inspected, as I said, 47 hospitals. Of these 47 hospitals, 31 we are pleased to recommend to the State Board of Medical Examiners as standard hospitals, having met the requirements laid down last year according to the act of Legislature. Eleven of the hospitals have been placed in the category of being under surveillance; but next year we hope to be able to report these hospitals as having met the requirements of the State board. Inasmuch, however, as the interns have been serving in these 11 hospitals during the past year, and the committee has not notified the hospitals up to the present time of their delinquencies, we feel that during this year, that is, for the June and October examination, the applicants coming from these hospitals should be accepted by the State board.

Five hospitals in the list have fallen by the wayside, and we cannot recommend them to the State board. There has been so much work of another character on the hands of most of the members of the committee, during the last two or three months, that perhaps the hospital work has been slighted to a certain extent; but, so far as we have been able, we have visited and inspected carefully and methodically the 47 hospitals, and we believe, as a result of our visitations that if there is a proper co-operation on the part of the medical departments of these hospitals with the lay authorities that all of those points on which certain hospitals have fallen down, will be brought up to a specific, definite standard.

There was one matter last year referred to this committee of which I was not cognizant until to-day, when Dr. Gray informed me; namely: The matter in relation to the preliminary education of nurses; is that correct, sir? And this committee has not had the time to take that matter up.

The Secretary: It is not correct. I notified the Hospital Committee two months ago of the reference of Dr. Dickinson's paper to it. Undoubtedly stress of military work has led to the oversight of this notification.

The President: You have heard the report given by the chairman of the Hospital Committee. If I understand correctly, there is, but one specific recommendation in it and that refers to the fact of the lack of co-operation of the medical profession with the boards of directors of the various hospitals in the matter of history taking and recording. That being the case, I presume that this matter may just as well be brought before you as a body to be referred to the Business Committee. I would, therefore,

ask you your wish in the matter. Do you wish to act on it now, or to have it referred to the Business Committee?

A Member: I move that it be referred to the Business Committee.

Dr. Costill: I cannot let this report of Dr. McCoy pass with so little attention. There is no one, except a member of that committee, who knows the immense amount of work this committee has entailed upon Dr. McCoy. For his willingness to undertake the work, for his care, for his continued effort to bring about the measure of success, I feel we can do nothing less than to extend a hearty vote of thanks to Dr. McCoy for his work. Seconded and carried.

The President: I have the privilege, Dr. McCoy, of extending to you the vote of thanks of this body. The report of the Committee to Prepare a Minute on the Death of Dr. Frank D. Gray, Gordon K. Dickinson, Chairman.

Report of the Committee to Prepare a Minute on Dr. Frank D. Gray's Death.

Dr. Frank De Los Gray, F.A.C.S.

July 17, 1857—June 11, 1916.

As the wind blowing through the forest moans a symphony or o'er the harp a cadence of music, so in the life of each is an expression of our responsiveness to events as they come upon us.

It was thus with our late member and comrade, Frank De Los Gray. Born of poor folk, brought up in a family where work was justified, with parents worshipping old-time ideals, he had a start which developed strong fibre and noble character.

Untoward events which would have warped many a man were surmounted, and his life was one of sympathy with surroundings in spite of discordant conditions. He became a master of men; the counsel of those in need; and obtained the regard and admiration of all, even those who did not feel as he felt. Honors came to him from institutions, civic bodies, and our State Medical Society, and it is with deep regret we are impelled to note the tragic passing of a useful life.

The President: What is your pleasure with reference to the report of this memorial committee? On motion it was ordered received.

Dr. David C. English: I move that it be adopted by a rising vote. Seconded.

The President: The motion is made to adopt this memorial report by a rising vote. Are you ready for the question? Adopted by rising vote.

The President: If the Business Committee is ready to report on the matters in their hands, we will hear it, Dr. J. M. Reese, Acting Chairman:

Report of the Committee on Business.

In the absence of Dr. Hunt, I have been asked to report, and to say that your committee



William J. Schauffler

President of the Medical Society of New Jersey, 1917-1918

cordially recommends the adoption of the recommendations of the Board of Trustees: For the purchase of bonds; for the remission of dues of those in the service; for the reduction of annual dues of the members of this Society to two dollars; for the subscription of \$1,000 to the Red Cross Society, and for the presentation of business to the county societies. We have included each separately, but offer them as one motion; the adoption of all. Seconded.

The President: The motion is before you to accept the Report of the Business Committee. Are you ready for the question? Carried.

The President: We are now down to a point which does not seem to be provided for in the order of business, and I presume it will require a two-thirds vote to proceed. This seems to have been an oversight in the order of business. There is no provision made for New Business. There is no special specific item.

The Secretary: New business comes under Miscellaneous Business.

The President: Will you take up the further business of the Society under Miscellaneous Business? If there is no objection, we shall proceed under the order as declared here. There seems to be no objection.

I see that Dr. Lalor has come in since the Report of the Delegates to the American Medical Association was called, and I would like to ask him if he is prepared to make his report now.

Report of the Delegates to the American Medical Association.

The three delegates that you elected to attend the A. M. A. were all present, and did what was in their power to help things along. We had not a great deal to do. One of us served on the Credentials Committee; another served on the Reference Committee on medical education. One thing we took great pleasure in doing; that was renominating our President as a member of the Board of Trustees of the A. M. A. Unfortunately, at the time that he was to be renominated our other delegates were not present; they were attending, I suppose, to other business; but I succeeded in nominating him. I thought, very nicely, and I had an ex-member of the New Jersey delegation to second the nomination—Dr. Wetherill, now resident in Colorado. He did very nicely, indeed; and we made such an impression that a big fellow from Texas got up and said: "I take great pleasure in seconding that nomination again; and move that the rules be suspended by a two-thirds vote and we have no further nominations for this place on the Board of Trustees." The motion was carried gloriously, and we elected our President for another term. Applause.

Everything else went off smoothly; but, of course, you gentlemen who have attended the A. M. A. meetings know it isn't a homelike affair like we have here. One thing is here and another thing is there. By the time you get through the work, sitting on those hard seats

with no cushions, you need a Turkish bath, or something of the sort; but I made out to stay over to see the grand rally at the Hippodrome, and I must say I was pleased with what I saw and heard there. That was a great entertainment. We had speakers; one was a doctor, in fact two were doctors, Dr. Lambert was one and he did very well. Though he had been worked so hard that his voice was a little frazzly; then we had Ex-President Roosevelt, and we all know that he can speak most any time, and on any occasion. And he did very well too, but he did not exceed a doctor, Vincent. In this I think the President will bear me out. There was a machine talker who talked to the point. I never heard anything to beat him. He is the president of the Rockefeller Research, and he certainly told us several things.

And we had another part of the entertainment which was great. This was Madam Alba of the Metropolitan Opera Company, and she certainly is some singer. (Applause and laughter). She was like a dog that I once heard about; sometimes it was a German dog and sometimes another kind of a dog. She could sing in almost any language. She came out first and sang an Italian hymn, dressed as an Italian woman. Then she sang the Marseillaise as a French woman. Then after that she sang ordinary English; and the last time, she made the greatest strike of all, she disappeared and came back on the stage dressed in our national colors, and with a chorus which also must have come from the Metropolitan Opera House, and sang the "Star Spangled Banner." She exceeded every thing she had sung before and every one in the house got up and helped her sing.

This was not the only entertainment we had; the Arrangements Committee certainly treated the delegates well, but we paid for it. (Applause and laughter).

The President: I think the State Society probably will accept Dr. Lalor's remark that this body of men, or this Society, seems more like a harvest home than does the American Medical Association.

Dr. Frank W. Pinneo: I think we all might be willing to send back to the A. M. A. a recommendation for that kind of a meeting, instead of the ordinary ball. If they can get up such an educational entertainment as that, with the enthusiasm provided, it would make the A. M. A. meeting worth while always.

The President: Anything under New Business?

The Secretary: I have a letter and resolution from the League to Enforce Peace, also the Report of the Committee on Public Health Education, and move all be referred to the Business Committee.

June 1, 1917.

Dr. Thomas N. Gray, Secretary,
State Medical Society,

Dear Sir—The purpose of the war was defined by the President in his message of April 2nd in these words: "To vindicate the principles of peace and justice in the life of the world as against selfish and autocratic power, and to set up among the really free and self-

governed peoples of the world such a concert of purpose and of action as will henceforth insure the observance of those principles."

Again, on April 15th, President Wilson declared: "We are fighting for what we believe and wish to be the rights of mankind, and for the future peace and security of the world."

This, in substance, is the program formulated and adopted by the League to Enforce Peace at Independence Hall, Philadelphia, June 17th, 1915.

We have abundant evidence that the country, as a whole, does not yet grasp the high purpose of the war, as seen by the President; and we believe that it is the important and patriotic task of high-minded men and women everywhere to impress upon the public mind that the one and only purpose of the war is the establishment of a league of nations which shall maintain a permanent and righteous peace.

Will you present this vitally important matter before your forthcoming convention at Atlantic City? We shall be glad if you will give us the opportunity of co-operating with you in arranging for an acceptable speaker before your body; and we ask that you add your active interest and influence in this work and its furtherance to your other patriotic service.

With sincere appreciation of all assistance and co-operation,

Very truly yours,

Bertha E. Tomlinson,

Secretary Other Organizations Committee.

Suggested Form of Resolutions to be Adopted by Conventions of Patriotic Men and Women Everywhere.

Whereas, The President of the United States has, in his message to Congress on April 2nd, 1917, declared that our object in waging war is to set up among the really free and self-governed peoples of the world such a concert of purpose and of action as will henceforth insure the observance of peace and justice in the life of the world, and

Whereas, The Medical Society of New Jersey recognizes in the exalted object of the war, as stated by the President, the world's greatest opportunity to extend world brotherhood and secure the blessings of an enduring peace,

Therefore, Be It Resolved, That the Medical Society of New Jersey pledge its loyal support to the Government of the United States in the prosecution of the war and further,

Be It Resolved, That the Medical Society of New Jersey, individually, and as a body, in every available manner make known the high purpose and object of the war to the end that at its conclusion a League of Nations to secure an enduring peace may be established, and

Be It Further Resolved, That a copy of this resolution be sent to the President of the League to Enforce Peace, 70 Fifth avenue, New York City.

The President: Dr. W. H. Iszard will present the report of the Judicial Council.

(For these reports see the June Journal, pages 250, 251).

Report of the Committee on Public Health Education.

To the Medical Society of New Jersey:

The Committee on Public Health Education presents the following report for the past year:

We were unable to organize until late as the committee consisted of five members scattered over the State. The first meeting of the committee was held in the Board of Health Building, Newark, on January 27, 1917. All the members were present. Plans for the work were discussed and letters were sent to each county society secretary asking their co-operation. We waited for answers from the counties, but received few replies and no activity in Public Health Education was reported. A second meeting was held in Atlantic City on March 10th. A form letter was sent to each county society reminding them that the A. M. A. requires that each county medical society appoint a P. H. E. Committee, and that at least two public health lectures be given annually. We have endeavored to arouse interest in anti-tuberculosis work, child hygiene, maternity hospitals, clean-up-week, the control of cancer, etc. There are 21 counties and no answer was received from twelve. The following counties have been active: Atlantic, Burlington, Essex, Salem and Somerset; while Camden, Monmouth and Morris have had a few lectures but no systematic work. The members of the committee have been active in their respective sections. Essex County has had seventeen lectures, Somerset County reports two and the following places have each had one: Atlantic City, Pleasantville, Mays' Landing, Egg Harbor, Salem and Port Morris, making about 25 as far as we are informed so far, and arrangements are being made for a few more. Many of the lectures were illustrated and the attendance varied from 35 to over 250 people.

The Public Health Education Committee feel from their short experience that a change is advisable. If every county could appoint a member to co-operate with the members of the State Committee the work would reach all parts of the State, and we would be more successful in our efforts to educate the people on public health questions.

We would suggest that the members of the committee be selected by September so the program for the coming season could be arranged and the work begun early. County societies should understand what the duties of the P. H. E. Committee consist of. They are, first, they should teach their community how to prevent and protect themselves from disease; second, what the State can and should do for the health, life and welfare of society; third, the physician comes nearer to the public in this work and can show him that the medical profession is the only profession that works for the general welfare without compensation. In time the public must recognize this work and later respect and compensate in a moral way because this preparedness protects health and life and saves for future society the health and lives of its citizens. In the preservation of health lies the welfare of the nation.

Respectfully submitted,

Armin Fischer, Chairman.

The President If there are no objections these will be referred to the Business Committee.

Dr. Alex. McAlister: During this session of the legislature there was an act passed relative to the appointments of members of the State Board of Medical Examiners which became effective March 31st of this year. I move that the nomination of the six names to be selected this year be referred to the Nominating Committee.

The President: It is my feeling that this matter should be referred to the Business Committee. If there are no objections I will so refer it. There being no objection it will be referred to the Business Committee.

It might be well right here to make a suggestion that the House of Delegates consider the feasibility of splitting up the work of the Business Committee a little at its next meeting. As this will be a matter of your by-laws, it necessarily will have to be presented at a meeting and lie over for a short time. I am not prepared to state just now whether it can be acted on this session or not, or whether it has to be laid over a year. I would like this matter acted upon before the final adjournment. The suggestion is this: That the President shall have the authority to appoint a committee, to which committee all reports of officers shall be referred.

Such a committee will lessen the work of the Business Committee, and, I think, expedite matters very much. So, if someone will accept the suggestion and present a motion to that effect later on, the Chair will appreciate it.

Is there any other business to come before the house? If not, I have an announcement to make; in fact, two or three announcements. The State Committee on National Defence will meet in the room directly beneath this immediately after the adjournment of this meeting. It is hoped that there will be a full attendance of the membership of this committee. The committee is composed of Dr. Dickinson, chairman; Dr. Gray, Dr. Costill, Dr. Emerson, Dr. Fox, Dr. Forman, Dr. Hedges, Dr. Kraker, Dr. McAlister, Dr. McCoy, Dr. Price, Dr. Gurney Williams and myself. I repeat that this committee will meet immediately after the adjournment of the House of Delegates in the room below, where the Board of Trustees held their meeting this afternoon.

Also, immediately after the adjournment of this meeting, each county delegation will meet and elect a member of its county society to represent such county on the Nominating Committee. The Secretary has just informed me that he will remain here after

the meeting to receive the names of the men named to represent the respective counties on the Nominating Committee.

Has the Business Committee any further report to make?

Dr. James M. Reese: No further report at this time.

Dr. Sproul: I notice no time is fixed for the Nominating Committee to meet.

The President: What is your wish with reference to the time and place?

The Secretary: I would like to call Dr. Sproul's attention that the program provides for the naming of the members of the Nominating Committee and announcement of the time to-morrow morning. Look under Tuesday.

Dr. David C. English: May I give notice that Dr. Ill has called a meeting of the Board of Trustees for to-morrow morning at 9 o'clock in the room below, where we met this afternoon?

The President: I should like, also, to call the Board of Trustees' attention to the fact that the program, as printed, shows that the meeting will open to-morrow morning at 9.30. Also that there is expected to be present Rev. Henry Merle Mellen; an address of welcome, by his Honor, the Mayor, and also one by the president of the Atlantic County Society; and I would, furthermore, give notice that I shall be in this room and call the meeting at 9.30 whether there is anyone else present or not.

If there is nothing further to be acted upon at this meeting, a motion to adjourn is in order.

On motion adjourned.

9 P. M.

GENERAL SESSION.

The President, Dr. Philip Marvel, called the meeting to order at 9.17 P. M.

Dr. William G. Schauffler, Temporary Chairman: We now shall have the great pleasure of hearing our President deliver his address.

ADDRESS OF PRESIDENT—Social Insurance.

Dr. Philip Marvel, Atlantic City.

ORATION ON SURGERY—Observations on the Thyroid.

Dr. John F. Hagerty, Newark.

The President: I am sure that I express the unanimous consent of this Society when I extend to Dr. Hagerty its thanks for this splendid presentation. I, therefore, Dr. Hagerty, have the honor of expressing to you the thanks of this Society for your presentation.

Meeting adjourned at 10.30 P. M.

Tuesday, June 12, 1917, 9.30 A. M.

MEETING OF THE HOUSE OF DELEGATES.

The President, Dr. Philip Marvel, called the meeting to order at about 9.40 A. M.

INVOCATION: *Rev. Henry Merle Mellen*, Atlantic City—Almighty God, our Heavenly Father, we recognize Thy sovereignty in this world of ours. Thou sittest upon the circle of the earth. The waves and the whirlwinds and the clouds are the dust of Thy feet. Thou art above all things, and Thou rulest with love and justice and equity. All the goings and doings of the sons of men are known. Thou knowest our frame; Thou rememberest that we are dust.

We desire to invoke Thy blessing upon this gathering of Thy servants, who meet in our city to discuss the welfare of our race, and whose business it is to go about doing good and healing men's bodies; whose purpose it is to usher in that great day when disease shall be no more, when all men shall walk about in bodies that shall be clean and sweet, and pure. We pray, O Lord, that Thou wilt draw nigh unto these thy servants as they shall deliberate about things pertaining to their profession. We pray that the riches of the earth may be spread before them, and that, linked with these riches of the earth, there may be the divine blessing. That, so linked, the sane and the insane, Thou shalt bind together the hopes of this earth with the divine promises and prophecies of the life that is to be.

We ask, O Lord, that Thou wilt draw nigh unto us with balm and healing in Thy wings, that Thou wilt pour out the medicament that comes from heaven, that Thou wilt give wisdom in a double measure, and that, above all other gifts, love and charity to the souls of these men, that they may go about their Christlike work serving Thee in spirit and in truth.

Be pleased, O Lord, to remember the officers of this organization, and lend Thine aid to the President who presides at the sessions of the Society; may all who have voice and authority be blessed of Thee, and may the consciousness of the divine spirit hover very really over all these deliberations. We thank Thee that in the long ago there was One who lived, who went about doing good, who healed all men's diseases, who bound up their wounds, who poured in the wine and ointment of His love, and so ushered in a new day, when service and healing and love and divine pity were the watchwords of our race.

So may He tarry with Thy servants and give his word of peace. So shall the blessing of the Lord, which maketh rich, and addeth no sorrow abide here very abundantly, and as these Thy servants shall go to their places of professional work, where they shall go about in their wonted business and work may Thy guidance and richest blessing continue to follow them. So shall their work be pleasing in Thy sight, O God, our strength and our Redeemer. We ask it for Thy name's sake. Amen.

ADDRESS OF WELCOME FOR ATLANTIC CITY:

Hon. Harry Bacharach, Mayor, Atlantic City—Mr. President, Ladies and Gentlemen: It is always a pleasure for Atlantic City to receive conventions; but I assure you it is a special pleasure to receive a convention of New Jersey physicians. I have always realized that one in public life must be careful what he states, but I never realized that a man in private life must also be careful. While I am working at the position of mayor, I am endeavoring to earn an honest living as president of a bank, and I endeavor to separate my political and business associations and their affairs as much as possible; but yesterday one of my colored constituents came in to see me at the bank and said: "Mr. Mayor, I want to borrow a hundred dollars." He said: "You know I am a great friend of Governor Edge; I think the world of him; and whenever the Governor was with you politically I was with you; when he was against you I was against you," and for about twenty minutes he told me of the things that I knew—of the wonderful qualities of our Governor.

I said to him: "My friend, if I lend you this hundred dollars, how am I going to get it back?" Well, then, he replied: "You give me a political job and I'll pay you back." (Laughter). I said: "I don't know of any special reason I should lend you a hundred dollars," and then he kept right on telling me of the wonderful qualities of the Governor. I said: "Look here! I am going to lend you that hundred dollars." I made a note out for him to sign and said, "All you have got to do is to see the Governor; he is a great friend of yours." He replied: "Oh, he certainly thinks the world of me." I said: "You just go up to the Governor with that note and, as a matter of form, ask him to put his name on the back of the note." He thanked me very kindly and went. In about thirty minutes he came back, all smiles, and I said, "Well, how are things?" He says, "Everything is fixed up." I said: "I am glad to hear it; give me the note." He gave

me the note. I said: "I don't see the Governor's name on it; it is just the same as when you left here." He said: "Oh, well, the Governor said it was all right." He said: "You ought to be ashamed of yourself to go up to the mayor. You know you don't support him very well politically. Don't go to the mayor to borrow money; I want to lend you that hundred dollars. You just go to the mayor as a matter of form and have him put his name on the back—(laughter)—then you won't be under obligations to him." Now, that taught me a lesson.

I assure you that Atlantic City feels at this time that there is no convention that would possibly mean so much to the people of our State and country, as well as to Atlantic City, as that of your Society. It isn't necessary to talk to New Jersey men, even if they are physicians, of the wonderful climate of Atlantic City, or how its ocean is warmer than any other ocean or any other water that goes along the coast; or how our skies are bluer and our water purer than any other locality of the world. You all know that without my telling you; but I assure you that Atlantic City feels grateful to the physicians all over the country, because we feel that it is because you have treated us as a body and as individuals fairly and squarely that a great deal of our business has been brought here.

Atlantic City has the reputation of being the greatest pleasure ground of the world, and while we have that reputation we also want it to be known as the greatest family resort in the world, where any man can send his wife and his daughters and know that they can promenade from early morning until late at night and not be accosted or molested by anyone. We find there 150,000 people promenade our board-walk at one time, and no one ever sees anyone intoxicated, or offensive; 50,000 bathe in the ocean at one time; over a half-million bathed there last summer without a single loss by drowning. These are things perhaps you all know as well as we, the residents; but we like to impress these things upon you; we want you not only to send the men here, but to tell the women and the children that Atlantic City not only will give them health, but also protection as well.

At this time, of course, we are all interested in this great crisis in our world affairs. I feel it is absolutely unnecessary to talk to such a group of men of their duty to their country, because their loyalty and patriotism in the past has been unquestioned, and I am confident will in the future be unquestioned.

In addition to going to war, taking care of those that may be injured in the battles, you have great responsibilities at home, because the dependents of the boys who go to the front, who fight for you and me and for their country must have your care, and we know that the physicians of our country will act unselfishly and without thought of compensation do their best in seeing that the families of those who are left at home are well protected as far as their health and comfort are concerned.

I have every reason to be thankful to the physicians of Atlantic City. When the great infantile paralysis swept all over the country Atlantic City had practically none—none of its own residents; the few cases here came from other cities, and I express gratitude to the physicians of Atlantic City who, without a dollar's compensation willingly gave their time and their best thought to protect not only our people, but the visitors that came here. Practically every physician in Atlantic City gave himself and his service to me and this city in preventing an epidemic, yet there is one who I think deserves especial mention, that is the President of your association, Dr. Marvel, by his diplomacy and his careful management. Both schools worked shoulder to shoulder for the protection of all the people in our community.

Now, Mr. President, I want to assure you, and through you, the members of your Society, that Atlantic City is most heartily pleased and glad to welcome you in our midst. And to the ladies who are with you I would state that—

You can come in the evening
Or come in the morning;
Come when you're looked for,
Or come without warning;
A thousand and one programs
You'll find here before you,
And the oftener we see you
The more we adore you.

And, in behalf of Atlantic City, I want to present to you the key of our city and, if the ladies of the convention do not too seriously object, I want to assure the members of the Society, irrespective of their age, that to-night, at least, curfew shall not ring. In behalf of our city I present to you the key of our city, and the key to the hearts of all the citizens of Atlantic City. (Presents key amid applause).

The President: Mr. Mayor, I am sure, if I could consult each individual member of our Society, everyone would unite with me in extending to you their heartfelt thanks

for your splendid address of welcome, and for your consideration in assuring them that curfew shall not ring.

It will now be our pleasure to receive an "Address of Welcome from the Profession" by Dr. Wm. J. Carrington, president of the Atlantic County Medical Society. I now have the pleasure of introducing to you Dr. Carrington.

ADDRESS OF WELCOME FOR THE PROFESSION OF ATLANTIC COUNTY: *Dr. Wm. J. Carrington*—The printed program gives an undue importance to the remarks that I am going to make by calling them an "Address." I am not going to make an address; I am here merely as one of the officials of the Atlantic County Medical Society to tell you how glad we all are to have you with us this year. I will first thank you for the selection of Atlantic City as the Society's place of meeting. If you were to leave the matter of the meeting place each year to the Atlantic County Medical Society (I think we have 106 members) you people would get about 107 votes to meet here every year.

I called up Dr. Marvel the other night and asked him what I should talk about (and you know he has been a very busy man the last two or three weeks) and he said "Talk about five minutes," and hung up the receiver. This reminds me of an incident that happened last week. Mrs. Carrington and I were coming back from the A. M. A meeting in New York, and on our way I auto-mobiled to Toms River; we thought we would try a new road; we got lost. We had traveled for almost ten miles without sight of man or house, and we came upon a dusty wayfarer; I asked him the road to Toms River. He said: "You are on the right road. Keep straight ahead for half an hour and then turn to the right, unless you go fast, then turn to the right in ten minutes." I must talk fast.

New Jersey is a great State anyway. There are more miles of railway per square mile than in any other State in the union. The rich soil and the intensive cultivation of the northern and western side give New Jersey the name of the Garden State, and almost \$30,000,000 natural products are raised in this State. If cranberries were bullets, Ocean and Burlington counties would soon solve the ammunition problem of the Allies; the waters provide our shores with almost \$5,000,000 worth of fish and oysters a year; and the products of our mills amount to nearly \$6,000,000. The fertilizer plants and the glue factories of Camden are extensive and odorous, at least to

that portion of the State which lies immediately to the windward. Of course, New Jersey has some tuberculosis; all States must have some, I am very sorry to say; but truth compels me to state that the two most unlike implements that the human mind has devised for the destruction of mankind have been invented within the narrow confines of our State. I refer to the submarine and the phonograph.

The greatest industry, however, of New Jersey is its manufactories. Almost \$1,000,000 worth of manufactured goods are turned out of New Jersey each year. The oil refineries at Bayonne, the chemical works of Perth Amboy and Newark, the copper and steel industries of Warren County, the jewelry manufactures at Newark, help to make us the sixth State in point of manufactured products in the union. The largest sewing machine manufactory is at Elizabeth, and Paterson is the silk center of the world. The potteries of Trenton and the emphysematous glass-blowers of Millville wheeze our praises from shore to shore. Next to mosquito extermination, which, in Atlantic County is almost entirely accomplished. While manufacturing is the great industry in New Jersey, down here at the shore the ocean's roar is our greatest noise, the smoke from not a single factory clouds our usually fair skies for we have not a factory on the island, and not a grave. We have 106 members of the Atlantic County Medical Society, and no doubt but there are surgeons and gynecologists; still we have not a grave on the island. (Laughter).

We are often asked if we are not afraid of submarines and bombardments here. No we are not, because submarines cannot get close to us; they are supposed to dip in, in order to attack, and our shores are very shallow for miles; but Atlantic City is destined to have its share in the war. Some fourteen members of our profession have volunteered, and this is about 15% the flower of our profession; and when tested in the crucible of war's grim necessity the other 85% we believe will be found to possess some patriotic virtue.

Atlantic City has an industry, however, and that industry is hospitality, and we like to boast about it. This hospitality has given us the name of the Queen of the Resorts of the World, or the Playground of the Nations. Your Committee of Arrangements would like to maintain this reputation, but it is hard to give you a definite program for your entertainment; the program is crowded with scientific papers all day and

most all night; and we have sandwiched in these little pleasantries as best we can. We have arranged a few things, however, for the ladies. This afternoon at 3 o'clock the ladies will be expected to present themselves at the front office, which is downstairs, from whence they will be carried by automobile to the Seaview Golf Club, have tea and ice, cards, and discuss the water treatment; the Crescendo Club of Atlantic City will render some music to-morrow at the same hour, 3 o'clock P. M.; we have arranged to take all the ladies rolling-chair riding half an hour or so. On their return to-morrow at 5 o'clock, Dr. Bossard, in charge of the lifeguards, has arranged to demonstrate methods of life-saving on the beach. He will have a lifeguard drill at 5 o'clock, all of you are welcome to see that.

This afternoon from 4 to 6, and to-morrow afternoon from 4 to 6, any member is welcome to use the Hygeia Pool, where you can go in the ocean and bathe or in the pool, if you so desire. This afternoon, also from 4 to 6, you are welcome to go on the Steel Pier as guests of the County Medical Society. On this Steel Pier, at 4 o'clock or shortly thereafter, they will haul up a net of fish. The doctors who come from the A. M. A. we think may enjoy watching the haul-up. There will also be a trapshooting contest on the far end of the Million-Dollar Pier. Any member or guest of the association who wishes to enter this trapshooting contest—you are expected to pay for your shells and your pigeons (clay pigeons), \$1 a piece for 25 shells and the clay pigeons. Three silver trophies will be awarded to the best shots.

We have also arranged to have music in this room from 10 to 12 to-night, and to-morrow night after the banquet.

I want to tell you again how really glad we are that you came down. We would like to have you come every year; but we can, of course, hardly hope for that; but we do appreciate it, and we thank you. (Applause).

The President: The Arrangement Committee wishes me to apologize to you for the condition of the water. They were not aware that a part of their function was to arrange the water.

It has been arranged following these addresses that this body will be addressed on the subject of the Medical Reserve Corps and National Guard. At the request of Col. Schaufler I am going to call first on Major Kraker.

Major D. A. Kraker, M. R. C.: Mr. Pres-

ident, Guests and Fellow Members: Following such a remarkably happy address as was given to you by Dr. Carrington, it is rather depressing to me to talk war. The medical profession of the country have apparently, within the last month, become saturated with the fact that they have to do something. It hurts a great many of us to feel that we do have to do it; and I will try, quite briefly, to tell you why the medical corps of the army, which will practically be composed of the civilian profession, is a most important part of this great scheme to overcome this great crisis which the country now finds itself in.

The need for medical men in the army is possibly not generally appreciated by the general medical profession. For a great many years the medical department of the army was looked upon as purely decorative. In the military service up to about twenty years ago the medical officers of the army were detailed to only mobile units, which meant that they traveled, just as they are now in the national guard organization, with medical officers for regiments, and for posts, but with no consideration given in the event of particular emergency to having medical officers purely do the work thus occasioned by such a condition as war. An army is a destructive force; the whole purpose of war is destruction, and in that destructive force the medical department is the only conserving force. When we appreciate that we, the medical profession, are the only ones to do work whose magnitude can hardly be appreciated except by an actual tour abroad, we are very apt to feel that the need felt by those of us already in the service, of its great importance, and for the necessity for keeping on teaching drilling this need the profession.

The first duty of the medical force in any army is not medicine nor surgery, but sanitation, and, previous to that, the examination of recruits. An army cannot become an army until the medical men of that army pass upon the physical condition of each applicant. No army can have any successful results in their work unless they are physically fit, and all that responsibility rests upon the medical department. For that reason you see that even though this is really the drudgery of the medical officer's work, it is probably the most important work, and next to that comes the question of sanitation. The average medical man hardly appreciates that, because he is really a good doctor in his own community, a man who is looked up to as a very satisfactory physician may

not make any kind of a naval officer, because it is an entirely different proposition, so too a good sanitarian must have an equipment for this no matter how good a physician he may be.

We hear men tell us that they would like to come into the service, "but I am a surgeon;" another fellow says, "I am an eye and ear man"; a third man comes in and says he has this particular specialty and that, and he feels that he is of such importance in his own community as a whole that unless the government can see fit to accept him in such a manner as he feels he should be accepted that it is not a proper thing for him to give up his own position at home.

These men's attitude is wrong. The regular army medical corps has at this time 467 men. This number is only enough to give medical attendance in the rear and for the automobile units.

The medical department of the army is divided into three divisions. By a division I mean this—this is the zone of the advance where your competent troops are. With this zone of advance, with the regimental organization, you have what is known as regiment watchmen, consisting of four medical officers and twenty enlisted men. These men upon the firing line establish what are known as collecting points or stations; they do not give any medical service; they have not time; it is not safe. The whole thing that they do is to supervise the original bandaging of the men injured upon the firing line.

During the American Medical meeting in New York we heard a most remarkable statement. I believe it was made by Dr. Franklin H. Martin in the presence of a great many men; he said, "We are representing the entire medical profession in the United States." He also said some time ago at a training camp for medical officers, when Col. Schauffler was also in attendance, Col. Page, possibly one of the best medical men in the army made the statement that a medical officer who exposed himself unnecessarily was guilty of a crime, because our work was very important, and the average medical man was a very important part of the organization, and it was not right for him to accept medals of honor for unnecessary gallantry on the battlefield. The gallantry ought to be in the operating room.

There is another remarkable fact that is offered, that the newspapers keep telling you that the medical corps is filled. It is not filled. We need 20,000 more medical

men and need them now. I say we are ashamed about that, the medical service and the military service as a whole. They need the medical men before things get badly off, so that they can train them. And we need trainers. No man can go in the military service and be an efficient military medical man unless he has had some training. The average doctor has very little opportunity to command men. The average doctor is very little of an executive. He is an executive over his patients, because they believe in him; but when it comes to commanding other men he has not had the experience. He doesn't know how to maintain discipline; because he is not often a very well disciplined man himself. We need to be brought into the narrow limits of discipline before we can impart that to others; and it is hardly well-known, but this is a fact—each corps of the army is entitled to 7 doctors per 1,000; but the mobile army for the entire work will contain 10,000 medical men, but for every 10 enlisted men there must be one hospital corps man. So that when this army of 2,000,000 men is organized, Gen. Gorgas will practically command an organization that is as large or say larger than the present regular army of the United States, and the medical officers under him will command 200,000.

Colonel William G. Schauffler, M. D.: This is not an address. I want to supplement what Major Kraker has stated and make it a little more practical to the membership of this Society. The Major has told you, briefly and very carefully, somewhat of the history of medical officers in time of peace and in time of war.

We are now in a time of war, and the medical profession of this country and of this State must wake up to the fact that a large part of the success of the war will depend upon them—the fighting line is of no use if the medical department is slack. The chief function of the medical department of any army is to fit men for the front and to keep them at the front. Not to fight with a disease, not to operate, but to do everything to keep fighting men at the front. There are three divisions just now in the medical department of this country. First, there are the 400 odd officers of the regular service; second, there are the medical officers connected with the national guard units throughout the 48 States; and, third, there is this new, most important body, the medical reserve corps. But the medical officer in the service of the national guard, as in the service of the federal medical depart-

ment, has to be within certain age limits. The limit is 35 years as the upper limit; no man can receive a commission as a medical officer in the federal service of the national guard who is over 35 years of age. He has to enter as a first lieutenant and serve—formerly 3 years, now 5 years—before he can be promoted to a captaincy.

In the medical reserve corps they have extended this age, I believe, Major Kraker, it is 55 now, is it not? The reason for this is that in the medical reserve corps they have to make use of older men in the active service in the guard, and in the federal troops the first lieutenants have to be younger, adaptable men, men who can work into the mobile units, the units that are moving from place to place, and doing the active work at the front with the troops. So there is a reason for this age limit. Now, in this State, our limit of medical officers has been 4 to each of the 5 regiments, 1 to the cavalry troops, 1 to the battery of artillery, 6 to the field hospital, 5 to the ambulance company and 4 in the surgeon-general's administrative office. Now, we have a few battalions of engineers, and they are entitled to 1 medical officer. Four of our regiments (16 medical officers) are in the federal service, and have been for the last three months. The rest of the medical officers of this State are still in the list of service, but everyone will be called out on or before the 25th of July.

We need in this State to-day 5 more medical officers, and I confess with shame that it is almost impossible in this big State of ours to get men under 35 years of age in our profession who are willing to come in. They will go into the medical reserve corps. Major Kraker has been very successful in that, but it seems to be almost impossible to get the proper men to come in, men under 35 years to fill out our own State corps. Yesterday on order was issued recognizing more units—heavy artillery, engineers and batteries, and in the next few weeks I have to have at least 8 to 12 more medical officers under 35 years of age.

Now, Major Kraker has made it very plain that the medical profession as a whole wants to pick and choose. When I approach a man and say, "I would like to have you take a commission, I would like to have you apply for a commission," he says, "Well, where am I going to be stationed? I want to do this and I want to do that." That is the whole point of the matter, gentlemen. We medical men have had it our way long. We have been able to pick and choose what line we would work in, where we would

settle, what we would like to do. Now, in the medical service there is no picking and choosing; from the youngest junior lieutenant to the oldest man in the service, if the surgeon-general of the United States says go here, or go there, we go, and we ask no questions; we give up whatever we have to give up; we go, and the medical men who come into this service as line officers have to go where they are sent, and go to-morrow or next day irrespective of their families or their practice. You will have to enter, perhaps, making a bigger sacrifice than the line officers. Your income will cease immediately; the first lieutenant, going in on a salary of \$2,000 a year, may be giving up ten to fifteen or twenty thousand dollars a year, but that is our sacrifice for the country.

I want you, as members of the State Medical Society, to talk and to work and to help. We shall need, between now and the 25th of July, at least 15 men under 35 years of age to accept commissions as first lieutenants and to go immediately into service. These commissions are not honorary commissions. The man who accepts a commission has to get to work. Major Kraker has told you we have to have 20,000 medical officers in this country, of those 20,000 we need in the National Guard of New Jersey to have only twelve or fifteen. Will you give them to us?

MEETING OF THE HOUSE OF DELEGATES.

10.30 A. M.

The President: We will now hear the supplemental report from the Board of Trustees, by Dr. English.

Supplemental Report of the Board of Trustees.

The Board of Trustees have recommended the salary of the Secretary to be the same as last year, \$500.00.

The Board also recommends that the Treasurer shall sell one of the \$1,000 Liberty Bonds ordered by the Society and that the \$1,000 received from the sale be appropriated for the benefit of the Belgian children sufferers from the war.

The Auditing Committee, Drs. Fisher and Marsh, report that they have made a careful examination of the Treasurer's books and vouchers and find them correct.

The recommendations of the Board of Trustees were on motion unanimously adopted.

We will also hear from the Committee on Publicity, Dr. James Hunter, Chairman.

Report of the Committee on Publicity.

Mr. President, Members of the Medical Society of the State of New Jersey: Your Publicity Committee have met at regular intervals

and furnished the press throughout the State with articles of interest to the public and of benefit to the medical profession at large. Many of these articles were widely read and favorably commented on by the press, particularly the last article, which was written by Dr. Wescott of Berlin, on the "Profession in the War." I think this article by Dr. Wescott covered the points made by the medical representatives of the army here to-day and created very favorable comment throughout the country, especially in Washington.

Your committee have done their best to increase the circulation of these articles, and we have met with very favorable responses from papers throughout the State.

The President: We will now hear the report of the Committee on Legislation, Dr. Henry B. Costill, Chairman:

Report of the Committee on Legislation.

To the New Jersey State Medical Society:

Your Legislative Committee beg to submit the following preliminary report:

At a conference with the committee from the State Board of Medical Examiners, the President of the State Society and chairman of the Legislative Committee, several amendments to existing laws were agreed upon.

One to the Medical Act providing for the admission of men who had passed the National Board of Medical Examiners to our State without examination;

Another providing for the annual registration of physicians of the State, this registration to be kept by the State Board of Medical Examiners and to abolish the necessity for registering in each county;

An amendment to the Crimes Act whereby conviction for malpractice would automatically suspend the license pending an appeal of the case;

An amendment to the Health Act giving power to local Boards of Health to pass ordinances regulating the practice of midwives in their jurisdiction.

Another requiring an annual registration of midwives.

These bills were all passed by the Legislature and all of them, excepting the one authorizing the local boards of health to control the midwives, were vetoed by the Governor. His reasons for so doing are, to say the least, very unsatisfactory to the profession.

At a conference of a number of representatives of the Society, including the President, together with the representative of the Manufacturers' Association, the Secretary and Treasurer, it was decided to request the Governor to appoint a commission to take this matter up for study during the coming summer, and draft a bill that might be satisfactory to all parties interested in the matter. The resolution was introduced in the Senate to this effect, but was not passed. Sometime since I had a conference with Mr. Billman, secretary of the Manufacturers' Association, in which he told me that the manufacturers had determined to take this matter up and request the co-operation of the medical profession and the labor organization, too, if possible, work out a bill during the coming summer that might be satisfactory to all. Personally, I have very little faith in this matter. I believe that if anything is accomplished it will

be through a very thorough co-operative action on the part of the medical profession virtually compelling the manufacturers to take notice of what we desire.

There were a series of bills introduced in the Senate known as "Workmen's Compensation and Health Insurance." These bills were quite drastic in their requirements, and owing to the influence of the Manufacturers' Association, none of them were passed excepting the one providing for health insurance.

There were a great number of bills providing for various wild cat legislation introduced in the Assembly. Among them were two chiropractic bills, two osteopathic bills, one anti-vivisection bill, an anti-vaccination bill, a drugless therapy bill, and three bills introduced by members of the House to enable some constituent to beat the State Board of Medical Examiners.

The Legislative Committee feel very much satisfied to be able to report that all these bills were killed. One of the chiropractic bills did get through the House, but never out of Committee in the Senate, so that at no time was there any real danger of these bills passing.

There was one bill passed, known as the Governor's bill, which will be of some interest to the profession. This bill, No. 451, provides that the appointment of the State Board of Medical Examiners should be made from three candidates nominated by the State Medical Society; that all members of the board should serve without pay; that the proceeds, after necessary expenses, be turned into the State treasury. We believe there are some good features about this bill, and probably some bad ones. We believe the whole matter should be taken under advisement during the coming summer, and a scheme devised by which this whole matter of medical examination could be put on a more satisfactory basis.

A bill which I would like to call attention to, known as bill No. 195, of the Senate, introduced by Representative Morgan from Union County, provides for the reporting of all cases of venereal diseases to the State Board of Health, and also provides for a penalty of fifty dollars for non-report.

This is a bill that your Legislative Committee was very much interested in, and while it was introduced by a layman, it had the unanimous support of the Legislative Committee. It may not be popular with the physicians, but we believe the more it is considered, the better they will like it. We believe that this is a step in the right direction and will be the beginning toward stamping out, or at least controlling, the social evil; at least it will give some idea of how widespread this trouble is, and we believe it will assist the State Board of Health in their efforts to compel the examination of all food handlers before they can be employed in that work.

The President: Committee on Social Insurance will make its report, Dr. John B. Morrison, Chairman.

Report of the Committee on Compulsory Health Insurance.

To the President of the N. J. State Medical Society:

Your Committee on Health Insurance begs to submit the following report:

We have not been able to discover that the question of compulsory health insurance is a live issue in the State of New Jersey. All the sentiment in favor of this reform centres about the activities of the American Association for Labor Legislation.

Among the laboring classes and the labor unions the sentiment is strongly divided. In a country as intensely individualistic as America is to-day this reform for government control of what has always been considered a right and privilege is making headway slowly.

Where the average intelligence of the laborer is higher, his earning capacity greater, his home comforts better than in most of the countries where this scheme has been adopted, the laborer here is not prone to give this matter wholly up to government control.

As far as medicine is concerned he feels that he is able to secure better services when he pays his own bills than are secured here from lodge physicians in this country, the only criterion he has to judge by. In most instances the lodge assessments are paid by him, and then when any serious illness arises in his family he secures the service of what he considers more competent medical attention and pays the bill. So he feels that if this reform is to be brought about the physicians must be on a par with those whose services he has been able to secure in the past.

We find many objectors to the proposed legislation; objectors who, while not at all opposed to the principle of compulsory health insurance, fear that by the low figure for medical services which will probably obtain, we will have in this country a repetition of the unsatisfactory results which are now being shown up in England.

We find many corporations, corporations which employ thousands of men and women who furnish adequate medical attention to their employees, who pay sick benefits and disability benefits, and in many instances death benefits and pensions, far in excess of those proposed in this legislation, and who fear that its compulsory adoption would markedly decrease the interest these employees take in their work, and their loyalty to their employers.

The large insurance companies in the State will strongly oppose the proposed legislation in its present form, as will other organized groups who profit from the payment of small policies.

There are many objectors in our own profession who cannot see under the proposed legislation how physicians can be paid more than \$2,000 or \$3,000 a year for whole time work, thus securing for this important service only those who are most poorly qualified.

We find favoring Compulsory Health Insurance the American Association for Labor Legislation, who seem to be back of the active campaign. We find groups who believe it will mitigate the present deplorable conditions of lodge practice in America. We find other groups who believe it will do away with the many abuses of our hospitals and dispensaries, with the constantly increasing demand for misapplied charity.

We find also a large class who believe that this is the next step in our social reform, and that if properly worked up, thought out, and digested before it is hurried into legislative

action, will prove the greatest boon to the laboring classes that could be adopted. To this group your committee belongs and we feel that this whole broad subject should be thoroughly studied by the profession, singly, in groups, in societies, that we should favor the proposed legislation, but seek to modify it in such a way that the laboring class will not be imposed upon, and that the medical profession may be able to maintain under it, their present high standards.

If this end is to be secured, then the plan of selection on the one hand and of representation and remuneration on the other, will have to be greatly broadened.

Absolute free choice of physicians in the community should be allowed and the selected physician or surgeon should be allowed to treat his patient in any hospital in the community.

The list of selected physicians should be passed upon by our body, and incompetent men debarred. All physicians should be under salary and the salary should at least be equal to the average income of the physicians in the community. There should be a retiring age, and as under this scheme it would be impossible to save up a competence, there should be provided a pension for those who have reached the age of retirement.

To be successfully administered, both for the insured and for the medical profession, we should be far more largely represented in the governing bodies.

Your committee recommends a receptive attitude at this time, while favoring the principle.

We would strongly urge, however, that the whole matter be taken away from State control and placed where it properly belongs, in the hands of the Federal Government. In this way only can group medicine, with the advantage of Rockefeller Institute for Research, the benefits of institutions like the Johns Hopkins Hospital and the Mayo groups, reach the great unreached middle class of people, and group medicine, properly guided, stimulated and controlled, produce the ultimate logical results.

We request to be permitted to continue our labors, that we may be able to work out constructive suggestions and make further detailed reports.

If an official commission is appointed in this State your committee should be able to present to such body, the essentials, the medical standards, qualifications and plans of remuneration which this Society, through its House of Delegates, may approve.

In order that your committee may give a thorough study to the comprehensive work, and submit for your deliberation, data which you may be able to act upon finally, we urge the power to engage the services of a competent secretary with a fixed financial remuneration to assist us in the mass of references, and statistical work, which must be searched, sifted, compiled, and presented in such a form that the Society, through the House of Delegates, may act upon it intelligently.

Dr. David C. English: I move that the report be received and the committee continued.

Vice-President Schauffler: You have

heard the report; you have also heard the motion by Dr. English that the committee be continued. Does that include, Dr. English, the recommendation that the Secretary of the committee be allowed pay for his work?

Dr. David C. English: No, sir. I think that should go to the Business Committee.

Vice-President Schauffler: Is the motion seconded, that the committee be continued?

Seconded and passed.

Dr. David C. English: I now move that the recommendation concerning the employment of a paid secretary be referred to the Business Committee. Carried.

Vice-President Schauffler: We will now hear the report of the Publication Committee, Dr. August A. Strasser, Chairman:

Report of the Publication Committee.

I herewith present as by resolution of the Society the report for the year 1916, thus partly duplicating the report of last June, when a gain of \$7.00 was shown. In the following statement, a loss is shown, but the increased cost of the June and September special numbers, the rise in cost of paper and printing are adequate explanations for the present loss:

Business Statement.

Accounts Showing Expenses or "Losses."	
Printing and Mailing.....	\$2,468.71
Edit. Salary and Expenses	1,200.00
Commissions on Advertising	
Orders	170.18
Cuts and Plates	145.34
Miscellaneous Expenses ...	110.07
Gratuitous Reprints	49.55
Discounts	28.62
Stationery and Supplies ..	20.50
Total	\$4,192.97
Accounts Showing Returns or "Gains."	
Advertising	\$2,253.78
Subscriptions (Regular) ..	1,683.00
Sales of Journals	35.86
Subscriptions (Extra)	19.90
Total	\$3,992.54

Net Loss, or Cost of Producing
Journal for year 1916..... \$200.43

We can, however, look forward to a substantial gain in 1917, if present indications mean anything, as the appended comparative statement will show:

Comparative Statement.

Showing Increase in Business.

Account	Last 7 months of		First 4 months of
	1915	1916	1917
Print'g & Mailing..	\$1,206.31	\$2,468.71	\$791.69
Editorial Salary..	825.00	1,200.00	300.00
Commissions on Ad-			
vertising Orders	22.60	170.18	283.55
Cuts and Plates..	15.94	145.34	1.14
Misc. Expenses...	81.71	110.07	50.60
Gratuitous Rep'ts	21.30	49.55	8.00
Discounts	5.22	28.62	13.32

Stat'y & Supplies	15.00	20.50	10.00
Advertising	1,096.31	2 253.78	1,610.35
Subscript'ns (reg.)		1,683.00	
Sales of Journals .	5.45	35.86	2.27
S'bsc'pt'ns (extra)	12.30	19.90	9.50
Cash on hand....	93.50	733.05	390.04
Acc'ts Receivable .	360.95	523.05	829.95

As can be seen our advertising pages are more than ever patronized now, and we feel that with the skillful, painstaking work of our Editor, the Journal is becoming more and more a worthy factor in our Society's existence.

Vice President Schauffler: The Treasurer's report has not been presented to the House of Delegates, either on the floor or in the Journal. It would be in order to have it read now.

Report of Dr. Archibald Mercer, Treasurer, for the year ending Dec. 31, 1916—Condensed.

Dr.

Atlantic	County Assessment.....	\$ 258.00
Bergen	" "	216.00
Burlington	" "	132.00
Camden	" "	254.00
Cape May	" "	69.00
Cumberland	" "	87.00
Essex	" "	1,496.44
Gloucester	" "	78.00
Hudson	" "	708.00
Hunterdon	" "	87.00
Mercer	" "	186.00
Middlesex	" "	186.00
Monmouth	" "	132.00
Morris	" "	205.00
Ocean	" "	48.00
Passaic	" "	396.00
Salem	" "	72.00
Somerset	" "	117.00
Sussex	" "	60.00
Union	" "	444.00
Warren	" "	90.00
Received from the Journal.....		1,230.44
Received Int., Chicago & Alton Bond		35.00
Cash Balance in Bank Jan. 1, 1916....		5,194.12
Interest on Bank Deposits.....		146.51

\$1,000 Bond—Chicago & Alton. 3½ %	\$12,017.51
cost \$786.50	786.50
	\$12,804.01

CR.

Dr. A. A. Strasser, Publication Com..	\$3,918.52
The Orange Publishing Co.....	68.25
Dr. T. N. Gray, Rec. Sec., Salary.....	500.00
Dr. T. N. Gray, Sec. Expenses.....	89.16
The Constitution Co., Printing.....	43.50
Dr. E. J. Marsh, Treas. 150th Anni-	
versary Committee	350.00
Dr. A. H. Dundon, Somerset Co.,	
Overpaid	27.00
Josiah Stryker, Legislative Com.....	25.00
Dr. D. C. English, Chm. 150th Anni-	
versary Com. Society Gift to	
Treasurer.	110.00
Dr. Maria M. Vinton, Ch'n Com.....	2.00
Dr. W. A. Clark, Councilor Expenses	7.83
Program Com. Expenses, Secretary...	30.11
Dr. A. MacAlister, Ch'n Scien. Com...	88.00
Dr. W. H. Iszard, Councilor Exp.....	29.80
Dr. C. C. Beling, " "	14.10

Dr. H. A. Stout, Cor. Sec. and Credential Com. Exp.....	65.80
Dr. A. Mercer, Treasurer. Exp.....	18.61
Dr. D. C. English, Sec. Board Trustees	6.65
Dr. James Hunter, Councilor Exp...	13.25
Dr. Jas. Hunter, Ch'n Publicity Com.	25.19
Bastian Bros. Co., Badges, etc.....	207 07
N. J. Engraving Co.	4.32
Fidelity and Trust Co., Treas. Bond..	7.50
Dr. H. B. Costill, Ch'n Leg. Com.....	62.00
A. C. Wall, Counsel Med. Defense.....	100.00
George B. Cook, Stenographer.....	158.43
David Howarth.....	15 00
Balance in bank Jan. 1, 1917	6,030.42

\$12,017.51

\$1,000 Bond Chicago & Alton 3½ % cost \$786.50	786.50
--	--------

\$12,804.01

Respectfully submitted,

ARCHIBALD MERCER, Treasurer.

January, 1917.

The President: You have heard the Treasurer's report; what is your pleasure?

Moved that it be received and adopted. Carried.

Vice-President Schaufler: Dr. W. H. Iszard will present a report from the Judicial Council.

The Judicial Council reports that the following delegates have been excused for absence from the State meeting:

Dr. George N. Best, Hunterdon County, 1916; Dr. John E. Pratt, Bergen County, 1916; Dr. J. Boone Wintersteen, Burlington County, 1916-17; Dr. Wm. Flitcroft, Passaic County, 1916; Dr. Edward Staehlin, Essex County, 1917; Dr. H. J. F. Wallhauser, Essex County, 1917; Dr. Chas. F. Underwood, Essex County, 1916; Dr. G. H. Balleray, Passaic County, 1915-16; Dr. Charles Calhoun, Bergen County, 1916-17; Dr. William E. Cladek, Union County, 1915-16; Dr. T. R. Chambers, Hudson County, 1916; Dr. J. M. Rector, Hudson County, 1917; Dr. August Adrian Strasser, Hudson County, 1917; Dr. B. D. Evans, Morris County, 1917; Dr. E. D. Newman, Essex County, 1917; J. G. Wilson, Middlesex County, 1917.

Vice-President Schaufler: You have heard the report of the Judicial Council on Excuses. Moved and seconded that this report be received. Carried.

The President: We will now hear a report of the Business Committee.

Your Committee on Business would report and recommend as follows:

That the committee recommendations as to the standardization of hospitals be approved, and the committee be continued with field of action broadened to include the nursing problems.

That the Legislative Committee be authorized to call to its assistance such men from the profession at large as it may deem advisable, to meet with a like committee from the Manufacturers' Association for the purpose

of revising the Employers' Liability law. We would advise that the Legislative Committee be instructed to convey to the Governor the dissatisfaction of the profession with the law under which the Board of Medical Examiners is now operating, and with his co-operation and advice to work out a plan that will prove more efficient and likewise just and agreeable to the medical profession.

We would recommend that the Nominating Committee be directed to nominate three (3) physicians for certification to the Governor for appointment, for each vacancy in the State Board of Medical Examiners as provided for in Assembly Bill No. 451.

We recommend that the suggestion of the Public Health Education Committee for county representation be approved.

We herewith submit and recommend the adoption of the resolutions from the League to Enforce Peace Society. We recommend that all reports to be considered by the Business Committee should be submitted in writing previous to the meeting of the House of Delegates.

Moved that the report of the Business Committee be adopted.

The President: Will you have it adopted as a whole or seriatim?

A Voice: As a whole adopting all the recommendations.

The President: You have heard the motion—that the report of the Business Committee be adopted as read. Are you ready for the question? Carried.

Dr. Halsey: At the present time I want to ask the unanimous consent of the House of Delegates for the introduction of a small matter which will be settled in a few minutes. At the present time Gloucester County is short one permanent delegate. We have lost three since our last election, and I would like to place in nomination the matter of the name of Dr. Charles Heritage, as Permanent Delegate representing Gloucester County to give the proper quota.

The Secretary: The Constitution says that a county society's permanent delegates shall not exceed 10% of its membership. Gloucester County's membership is 28. That entitles it to 2 permanent delegates. They have two permanent delegates now, Dr. Reading and Dr. Hunter. If they increase the membership to 30 this year they can nominate another permanent delegate for election at the 1918 annual meeting.

The President: According to the constitution and by-laws then this matter cannot come before us at this time.

Is there any other Unfinished Business?
Is there any New Business?

Dr. David C. English: I offer the follow-

ing resolution, after consulting with several members of the Board of Trustees and other of the older members of the Society:

Whereas, The Medical Society of New Jersey was so active at the birth of our Nation that its meetings were discontinued for six years during the Revolutionary War, because nearly all of its members were engaged in military service, and where its record has ever since been one of loyalty to and service of our country and of the interests of humanity, and

Whereas, The present nearly world-wide war is destructive of the sacred interests of humanity and is threatening the very life of our Nation; therefore

Resolved, That we pledge ourselves as members of this Society and as true American citizens to use our utmost endeavors to sustain our Government by every means in our power in this our country's supreme time of need.

Resolved, That we express our profound appreciation of the fact that many of our members have already offered their services for medical service in the army and navy, and we urge every member who is eligible and can do so to offer his services at the earliest possible time; we also urge those who are ineligible, or cannot go, shall protect and keep intact the practices of those who have received or shall receive commissions and turn over to their families a fair percentage of what monies they receive from the absentees' patients

Resolve, That we also express our decided conviction that it is not only the duty of every member who can do so, to purchase one or more of the government Liberty Bonds, but that it should be considered as one of the highest expressions of patriotism.

The President: Gentlemen, these resolutions are before you; what is your pleasure?

On motion adopted.

The President: Is Dr. Sexsmith in the room? Dr. Sexsmith is chairman of the Maternity Committee which met in Lakewood two weeks ago, and who is expected to make a report at this meeting. If there are no objections to this report being heard this afternoon at the beginning of our afternoon session, as Dr. Sexsmith is not present, I will call upon him to make a report at that time. I hear no objection, so that will be the first order of business this afternoon.

Is there any New Business? If there is not we shall now proceed with the regular Scientific Session.

SCIENTIFIC SESSION.

II A. M.

SO CALLED INDIGESTION—

Daniel E. Drake, Newfoundland.

Discussion by W. G. Schauffler, F. W. Langstroth, Jas. S. Brown, C. W. Corwin, Thos. W. Harvey, Philander A. Harris, Gordon K. Dickinson, Ellis Hedges.

DIAGNOSIS OF ECTOPIC PREGNANCY—

Dr. F. Ward Langstroth, Ridgely Park.

Discussion by Daniel E. Drake, Gordon K. Dickinson, Philander A. Harris.

Meeting adjourned at 12.45 P. M.

2.30 P. M.

MEETING OF THE HOUSE OF DELEGATES.

The President asked the meeting to order at 2.30 P. M. and called for the report of the Committee on Standardization of Maternity Hospitals.

Dr. Sexsmith, Chairman of this Committee, then read a number of letters from county societies responding to a circular letter from the Committee on Standardization of Obstetrical Work and Maternity Hospitals, setting forth the suggestion of President Marvel for such standardization under the auspices of the State Society. Chief among the suggestions was the one mentioned, and one that each maternity hospital and maternity ward in a hospital should have in charge of an expert obstetrician. These letters were widely divergent in their views, showing a lax of clear knowledge of the subject.

Dr. Sexsmith then offered the following report:

Report of Maternity Hospital Committee.

A meeting was held at Lakewood, N. J., on May 26th of this year, in response to a call by our president, of the committees from the different counties of the State to consider the Maternity Hospital question. Unfortunately, only six counties were represented at this meeting, and of the six only two had written reports.

After considerable discussion the written reports were received and I was appointed by the president to communicate with the chairman of the Maternity Hospital Committee of each county, asking that they promptly submit a written report which would necessarily include answers to the nine questions submitted by the president of the State Medical Society, Dr. Philip Marvel, in the month of January, 1917. I was asked to submit a general report at this State Medical Society meeting, such report being made up from the reports received by me in response to my letter to the several counties. The time between the receipt of my letter by the different chairmen of the county committees and the holding of this State Society meeting was so short that I have succeeded in getting reports from only five counties and as a result am unable to give anything that would be a fair estimate of the opinions held by the representatives of the different counties on this most important question.

Therefore, I would suggest that this matter be referred to a committee for consideration during the coming year with the object that some definite and satisfactory general report might be submitted to our next State Medical Society meeting.

Discussion was opened by Dr. J. P. Reilly of Elizabeth, who said it was most

naturally assumed by those having no knowledge of the reasons for the action sought that something had been suddenly sprung on us. In order that those of us who are thus in the dark may go home with information, may it not be well to have some statement made as to why the movement was started, to have State Society control, or supervision of the obstetrical service in the hospitals of the State?

Dr. Sexsmith: I heard Dr. Marvel make such a statement as you have asked for, and it was at the time new to me.

Dr. Dickinson: Was there not a resolution passed at the 1916 meeting calling on the State Society to take some action on this subject?

The President: There was a resolution to that effect.

Dr. Sexsmith: I have not the resolution.

The President: Dr. Dickinson, you offered the resolution; perhaps you have the substance in your mind.

Dr. Dickinson: I have forgotten what it was. I will talk to it later.

Dr. Reilly: I would like to have President Marvel make the statement now, as I know he has been giving the subject more thought than anyone on the committee.

The President: I have not been thinking about it to-day very much, but the reasons that prompted the introduction of this matter to the county societies, and through them the State Society, are briefly these: We are ending, with this meeting, our 150 years of existence as a medical society. We are beginning, with this season, our 151st year as a society. The year ahead of us seemed to a number of us to be a good time for us to endeavor to write—into the history of the Society—some act of this Society which will stand as a monument of its 150 years' work. That is the first reason. The second reason is that this monument is most demanding, and, to my mind, would make, if formulated in action a fit monument. I doubt very much if many of the members present have clearly in their minds the number of human lives lost every year during the parturient period, or of the number of children that perish within one year after birth. Not until within the past year, since we have had a bureau of child welfare established under the head of the Labor Bureau of the Government, have any of us had any definite knowledge, or statistical knowledge, of the number of mothers who lose their lives in childbirth. It is estimated that 24,000 mothers in the United States every year give up their lives in the parturient act.

It is also estimated that more than 150,000 mothers become invalids as a result of maternity. If we were to stop right here, it seems to me that the medical profession of the State of New Jersey could not honor themselves better in any way, than to put themselves behind a movement that would have for its purpose the rendering of these individuals, through whom the propagation of life comes, every care and every assistance possible; but the call does not stop here. More than 200,000 children give up their lives during the first year of life.

Many of these lives might be saved. I do not believe that many of us are aware of the necessity for prenatal and postnatal care for the prevention of this staggering loss of life of parturient mother and child. It was with the gaining of the knowledge that I suggested a reorganization of the obstetrical service in the State. I found others vitally interested as well as myself, and so determined to appoint a committee to gather information which could be placed before the State Society. I hope, with this brief statement, you will all feel free to discuss this matter from the standpoint in which it appears to you.

Dr. Dickinson: I have recalled the resolution which was passed at the end of the meeting last year. It was somewhat to the point that this committee call upon the State Medical Society and, through it, upon the Committee upon Standardization of Hospitals, to put particular emphasis upon certain vital points in the obstetrical work of institutions, to wit: that there should be a separate department, where obstetrical cases are taken; that the obstetrical cases should not be in the rooms and in the wards where other cases are or will be. That the obstetrical women shall not be seated in the operating room where other cases are operated upon before or after operation. That the obstetrical work shall be in charge of a trained obstetrician, not a surgeon nor a physician, but somebody who has made a special study of obstetrics, it being now classed as a specialty. That such an obstetrician should be able to give a credential, not only of willingness to do this type of work, but also a credential of membership in some standard obstetrical society.

Dr. Morrison: How about compelling standardization? Could we not say to the hospitals that they would not be up to the standard set, unless they have such a standard of obstetrical service as outlined by Dr. Dickinson?

The President: I will ask Dr. McCoy to answer Dr. Morrison's question.

Dr. McCoy: This item is not included in the requirements set by the Committee on Standardization of Hospitals, but we could have incorporated in the standard next year the requirement that the hospitals in the State shall have an obstetrical department in charge of an obstetrician. In our investigation of the hospitals, three of the questions in our questionnaire were: "Whether a separate obstetrical service, the number of days in the hospital after accouchment, and whether an obstetrician in charge?" The State Examining Board, however, does not require such obstetrical service, but there is no reason why it should not.

Dr. Riley: I am glad to get Dr. Marvel's answer, but I am sorry that myself and others did not have this answer at hand when the letter came to our Society. I think if we had, it would have met with a far different response. I do not believe there are many men practicing medicine today, and especially men in the hospitals, who would be opposed to a movement which would prove of so great benefit to the parturient. If there are such they are not worthy of the name of a man, let alone a physician.

Twelve years ago one of the hospitals of Elizabeth established a separate maternity ward, a delivery room and every possible equipment, in charge of a trained obstetrician; and did the same for the children, with a pediatrician in charge. The movement to have all hospitals do this is a movement in the right direction, and the county societies should begin at once to agitate the question.

What I remember of the opposition was this: Something was said about the freeholders of the county having some control of the maternity wards; this brought a feeling of fear to the medical men, a financial injury to them. I am glad to have had this question answered as it was by our President, and I will go home and urge our county society to act so that all the hospitals in the county have a separate maternity ward under a trained obstetrician, and a children's ward under a trained pediatrician. In the hospital where this is fact the maternity work is increasing, as the people are being educated and expectant mothers are choosing to go to the hospital. The death rate has been lowered and infant mortality reduced. These results can be obtained in every city if the county societies will push the work.

Dr. Dickinson: I would like to make the action taken by the committee, as stated by myself, a motion, as coming from our committee; may I do so?

The President: Perhaps it might be better to ask Dr. Dickinson to formulate the committee's action into a definite resolution, and we can pass now upon the substance of it, and then ask that the resolution be read before the closing of the meeting again, so that if there is any change in the wording of it for the better, we can do so. I would like to make that as a suggestion rather than to act upon these statements.

Dr. Dickinson: I would like to hear what Dr. McCoy has to say to this, because it touches on his committee work.

The President: I would like to give Dr. McCoy the privilege of the floor, without speaking to a definite resolution, but speaking to suggestions made by Dr. Dickinson.

Dr. McCoy: It seems to me this Standardization Committee should be continued.

The President: Do you mean the Standardization Committee of our committee or your Hospital Committee? By all means the Hospital Committee ought to be continued.

Dr. McCoy: If the Committee on Hospital Standardization understand what are the desires of the State Medical Society, it will do all that it can to further the movement. It seems to me inasmuch as the State Board of Medical Examiners have acquiesced in almost everything that our State committee have suggested to them, they would probably take up the matter of the maternity service, when they formulate such rules as they may deem best, as to requirements, and incorporate them in their suggestions to the hospitals. It seems to me that would clear the atmosphere entirely, and the standardizing committee on its visitation can then see whether these requirements have been lived up to or not. As far as the fact as to whether the hospitals conduct a maternity service, it will simply refer to this question of maternity service in their institution.

The President: Will you make a motion to include the Maternity Committee with the Standardization Committee to have this brought up, say, next year?

Dr. Dickinson: Too far off.

The President: What would you suggest?

Dr. Riley: Will it be too much work for the Committee on Standardization of Hospitals to assume this as part of their duty?

The President: I would like to have the co-operation of the two committees so that after this meeting the Standardization Committee on Maternity Hospitals may make their report to-morrow. I would be pleased to receive that suggestion.

Dr. Dickinson: I would like to withdraw

my preceding motion, and in place make the motion that the Chairman select one man of the committee on maternities to work with Dr. McCoy, and bring in to-morrow morning a proper resolution. Seconded. Carried.

The President: I will appoint Dr. Sexsmith as the one of that committee to meet with Dr. McCoy.

Is there any Unfinished Business? Has the Business Committee any further report to make. Is there any New Business?

Dr. S. T. Day presented the following:

Resolved, The Medical Society of New Jersey, at its one hundred and fifty-first annual meeting, held at Hotel Chelsea, Atlantic City, petition the President and Congress to enact national prohibition of the manufacture and sale of intoxicating liquors for beverage purposes for the period of the war; in conservation of the man-power, health and industrial efficiency of the State, and in conservation of the men and the food supply of the nation.

The President: You have this resolution before you gentlemen.

Dr. David C. English: I move that it be referred to the Business Committee.

The President: Has this motion been seconded? Seconded.

The President: The motion is before the house for discussion. (To a questioner): If you are present when the Business Committee brings back its recommendation, we would be glad to have you speak on it. The motion before the house is, is this matter to be referred to the Business Committee for its report. There seems to be a division of the vote. I will ask the Secretary to count the ayes and noes, as I call for them. Those in favor of having this matter referred to the Business Committee will please stand. Those opposed will please stand.

The Secretary: Twenty-eight ayes and eight noes.

The President: The resolution will be referred to the Business Committee for its consideration and subsequent report.

You will now listen to the Report of the Nominating Committee.

Dr. Harry A. Stout: The committee was called to order this morning. Dr. Alexander Marcy Jr. was elected chairman, and the Corresponding Secretary as secretary, and the following nominations are presented, and recommendations suggested.

Report of the Committee on Nominations.

It is recommended that the Society give a vote of thanks to Dr. Costill for his faithful service.

Nominations: President, Wm. G. Schauffler; First Vice-President, Thos. W. Harvey; Second Vice-President, G. K. Dickinson; Third Vice-President, Philander A. Harris; Treas-

urer, Archibald Mercer; Recording Secretary, Thos. N. Gray; Corresponding Secretary, H. A. Stout. Councilors: First District, C. C. Belling; Second District, J. C. McCoy; Third District, W. A. Clark; Fourth District, W. H. Iszard; Fifth District, J. Hunter Jr. Delegates to the A. M. A.: E. B. Guion, L. M. Halsey. Alternates: Alex. MacAlister, Emery Marvel. Place of meeting: Spring Lake. Committee on Arrangements: W. G. Schauffler, chairman, with power to name the other members of the committee. Committee on Program, F. Kellar. Committee on Scientific Work, G. N. J. Sommer. Committee on Legislation, Geo. T. Tracy, D. W. Scanlon. Committee on Publication, E. J. Ill. Committee on Hygiene and Sanitation, G. K. Dickinson, Walt P. Conaway. Delegates to State Societies: Pennsylvania, W. Flair Stewart; Massachusetts, J. Hunter Jr.; New York, F. M. Donohue, H. B. Costill. Other members desiring to serve as delegates to State Societies will notify the Recording Secretary. Nominations to send to the Governor from which to choose members of the State Board of Medical Examiners, for the first vacancy, John J. Mooney, John F. Hagerty, Aaron Stillwell; for second vacancy, Alex. Marcy Jr., Philip Marvel, Harry A. Stout.

The President: Gentlemen, you have heard the report of the Nominating Committee; what is your pleasure? On motion the Secretary was directed to cast a ballot for the nominees.

The Secretary: The Secretary has cast a ballot for the names presented by the Nominating Committee as nominees for officers, elected members of the committees, and delegates of the Medical Society of New Jersey and to State societies.

Dr. David C. English: I call your attention to another point in that report. The committee made recommendations that Dr. Schauffler be permitted to select his associates on the Committee of Arrangements; it made another recommendation that the Society extend its vote of thanks to Dr. Costill for his faithful services as chairman of the Legislative Committee for the year past. I move you that the recommendations of the Nominating Committee be adopted by this Society.

Seconded and carried.

The President: This seems to finish up the business before the afternoon's program. Does anyone know of any New Business that should come before this session?

Dr. Grafton E. Day: Will the Committee on Business inform me when it meets that I may urge favorable action on my prohibition resolution?

The President: If any member of the Business Committee is present, I hope they will inform Dr. Day of the time of their next meeting. It is always the privilege of anyone who wishes to advance or to offer suggestions with reference to resolutions or

matters before the Society, to go before the committee and make those suggestions to the committee. The Secretary will see that you are informed. The House of Delegates adjourned at 3.45 P. M.

SCIENTIFIC SESSION.

3.45 P. M.

INCREASED EYE TENSION AND BLOOD PRESSURE.

Harry Vaughan, Morristown.

Discussed by Drs. Brewster, Schauffler, Emerson, Stahl, Sherman, Heritage.

Session adjourned at 5.15 P. M.

8.30 P. M.

SCIENTIFIC SESSION.

THIRD VICE-PRESIDENT'S ADDRESS — Education in the Development of the Physician.

Gordon K. Dickinson, Jersey City.

ORATION IN MEDICINE—The Protein Poison in Health and Disease.

Victor C. Vaughan, Ann Arbor, Mich.

Wednesday, June 13, 1917, 10 A. M.

SCIENTIFIC SESSION.

The President, Dr. Philip Marvel, called the meeting to order at about 10.11 A. M.

The President: I was going to ask the privilege of the floor for Dr. Ill, this morning, to make a few remarks concerning the widows and orphans of physicians of this State. Dr. Ill has gone home, I hear, and has left as his representative Dr. Norton L. Wilson. I will ask the privilege of the floor for Dr. Wilson, for five minutes, to state this matter to the Society.

Dr. Wilson: Mr. President and Gentlemen: I would like to say, on behalf of the Society of Widows and Orphans of Medical Men of the State of New Jersey, that the Society is now about thirty-one years old. It has 426 members, and should have at least a thousand. You will remember, when this society was started, it was because it was thought by many members that it would be a better plan than passing the hat around to help some of our distressed widows and orphans, the plan being to assess each member who joined \$1 upon the death of a fellow member and in that way help out the widow and orphans of a medical brother. This society has distributed about \$40,000. It now has in the treasury over \$17,000. We are helping the widows and orphans of some of our medical brothers; we are helping some of our own dis-

tressed medical brothers, and there are two cases which come to me now very prominently; two of our prominent members who died recently left their families in this situation: one of them did not have a single cent to carry on her household because of the inheritance tax. Everything was locked up and she couldn't touch a dollar. She appealed to our society, and our society immediately gave her \$250, which carried her on until the State released what her husband had left.

The other case, the widow, the very day following the death of her husband, was obliged to meet some obligations. She couldn't meet them. She appealed to the society, and the society loaned her the money to meet those obligations. Now, as I say, we have 426 members, and we should have a thousand members at least, and I appeal to every member of this Society, asking them to join this society. The dues: the initiation is \$3.00, and you pay \$1.00 upon the death of a member, and I think last year members paid six or seven dollars in assessments. The society will take care of the men who go to the war. They will pay their assessments. Of course, we who are left at home will pay our own assessments, and be glad to pay the assessments of those who go to fight for us. Applause.

The President: Dr. Gordon Dickinson has asked the privilege of the floor for just a few minutes. If there are no objections, I shall grant it. Dr. Dickinson.

Dr. Dickinson: I would just like to report that Hudson County, as a medical society, passed a resolution making every physician in Hudson County that goes to the front a member of the widows and orphans' society. I think every county in the State ought to do the same thing. Applause.

The President: Your Chairman, and the Committee on Scientific Program informed you that we would endeavor to have a program on the subject of tuberculosis that would be of interest to you and a credit to the committee, and I am delighted to be able to speak to you this morning and tell you that we have present to address you two of the most able men in the study of tuberculosis in our country. One of them will present the clinical aspect of the disease on its therapeutic side and the other will present the clinical aspect on the diagnostic side, confining himself to diagnosis by the Roentgen ray in which he has done much original work, and I take pleasure this morning in introducing to you, first, Dr. Dunham.

A STUDY OF TUBERCULOUS LUNG LESIONS AS REVEALED BY X-RAY PLATES AND THE VALUE OF THESE IN PHYSICAL DIAGNOSIS.

*Prof. H. Kennon Dunham,
Cincinnati, Ohio.*

PSYCHOLOGICAL HANDLING OF THE TUBERCULOUS PATIENT.

Chas. L. Minor, Asheville, N. Carolina.

A PLEA FOR GREATER EXACTNESS IN THE DIAGNOSIS AND TREATMENT OF TUBERCULOSIS.

Richard C. Newton, Montclair.

2.30 P. M.

MEETING OF THE HOUSE OF DELEGATES.

The President called the meeting to order at 2.45.

Dr. Isgard, Chairman of the Judicial Council, presented excuses for absence from this meeting as accepted, of the following permanent delegates: Dr. Arthur R. Haskings, Hudson County; Dr. John E. Pratt, Bergen County; Dr. E. B. Grier, Union County.

Dr. Sexsmith reported that the work of the Committee on Standardization of Obstetrical Work in Hospitals had been turned over to the Committee on Standardization of Hospitals.

On motion this report was approved.

The Committee on Business presented the following report:

Your Committee on Business would respectfully report and recommend as follows:

That the President be empowered to appoint a committee to whom shall be referred the reports of the officers of the Society, instead of to the Business Committee, as at present.

We unanimously recommend the adoption of the resolution as presented on National Prohibition.

We recommend that action on resolution on Compulsory Public Health Insurance be referred to the Legislative Committee.

On motion the report of the committee was concurred in.

The following resolution was presented and adopted:

Inasmuch as the United States, in the serious problems which we must face, is striving in every possible way to learn the lessons which three years of untold distress abroad, necessary and unnecessary, teach us,

And, whereas, conservation of food products is conceded to be of vital importance,

And whereas, those who study infants and conservation of child life see possibly serious curtailment in the production of milk, thus increasing the problems of infant nutrition during war,

We therefore resolve that the public should be advised that they can render real aid to the Nation through maintenance of the demand

for milk and milk products, and avoid any needless use of beef which puts a premium on the destruction for meat of cows, which should yield milk.

The Secretary presented the credentials of William M. Liszynsky as delegate from the Society of the State of New York. On motion Dr. Liszynsky was given the privilege of the floor in General Sessions.

Dr. Pinneo presented the credentials of Dr. Mefford Runyon for nomination as permanent delegate of Essex County, to take the place of Dr. J. W. Read, deceased. On motion Dr. Runyon was elected.

Dr. Pinneo also presented the resignation as permanent delegate from Essex County of Dr. E. J. Ill. On motion the resignation was accepted.

The following resolution was presented and adopted:

Inasmuch as many of our members have given up their practices and offered their services to the Government in this crisis in the world's history, fully realizing that if the war lasts three years, their source of income will have been almost lost;

And inasmuch as we fully realize at what expenditure of time and effort and at what sacrifice they have built up their hospital connections, rising step by step on the hospital staffs to the positions they occupy;

And realizing what a blow to their prestige and standing in the communities would result in their loss of these positions,

Be It Resolved, That this Society go on record, urging the Board of Directors of the hospitals in the State to hold open for these members, the positions they have voluntarily relinquished, tendering them back when these members have been honorably discharged from the services of the Government.

And Be It Further Resolved, That a copy of these resolutions be forwarded to the Medical Boards and Boards of Directors of every hospital in the State.

Dr. D. C. English presented the following resolution which was adopted:

Whereas, It has come to the knowledge of the members of this Society, through a private source that a bill will soon be introduced into the Congress of the United States designed to legalize the manufacture of salvarsan and other needful drugs in this country, and thus, by reducing the prohibitive cost of these necessities, confer an unspeakable benefit upon the unfortunate and the suffering, therefore be it

Resolved, That the Medical Society of New Jersey, convened in its annual meeting, most heartily approves the passage of such a measure and earnestly entreats every member of Congress from the State of New Jersey to vote for the bill and to do everything in his power to further its passage.

Resolved Further, That a copy of this resolution be forwarded without delay, to every member of Congress from this State and to our two Senators

Dr. Beling presented the following resolutions which were adopted:

Whereas, The United States is at war with Germany and a draft has been made of all males between the ages of 19 and 31;

Whereas, As a result of this draft a considerable number of the employees of the State and county hospitals of New Jersey will be subject to service, thus depriving the insane of the proper care and increasing the danger to others;

Whereas, The insane must be cared for as a police regulation;

Whereas, State hospitals throughout country are short of help—persons connected with these hospitals are absolutely essential for the proper care and reasonable restraint of the insane as a necessary police regulation, and whereas it is necessary to place insane persons under restraint as being a menace to life, property and social integrity, the State institutions should have a number of competent persons to care for this class of afflicted persons;

Whereas, It is necessary to protect the civilian population just as well as to provide for soldiers,

Be It Resolved by the Medical Society of New

Jersey in regular annual session assembled, that it is the sense of this Society that such persons so employed should be exempted from military service and that copies of these resolutions be sent to the Governor and the proper heads of the military and naval authorities of the country.

Meeting adjourned at 3.15 P. M.

3.15 P. M.

GENERAL SESSION.

BRAIN ABSCESS.

Wells P. Eagleton, Newark.

FRENCH HOSPITAL ORGANIZATION AND WORK
ON THE SALONICA FRONT WITH LANTERN
SLIDES.

Rosalie Slaughter Morton, New York.

Meeting adjourned at 6 P. M.

8 P. M.

BANQUET.

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